## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 08:00 AM Secretary of State

AMMORENEIONI					Secretary of Stat	
1. Entity Nam	CUMENT # P9700046639  IN NAME  MAITLAND CONCOURSE, INC.				Secretary of Stat	
Principal Place of Business Mailing Address 250 SOUTH PARK AVENUE PO BOX 3010 STE 630 WINTER PARK, WINTER PARK, FL 32789		-	010			
DO NOT WRITE IN THIS SPAC				04052004 No Chg-P CR2E034 (10/03)  4. FE! Number		
6. Name and Address of Current Registered Agent  BATTAGLIA, W. P. 250 SOUTH PARK AVENUE STE 630  WINTER PARK, FL 32789			DO NOT WRITE IN THIS SPACE			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature typed or printed name of registered agent and bitle if applicable. (NOTE Registered Agent signature required when reinstating).  DATE						
		9. Election Campaign Finar Trust Fund Contribution,	noing	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VPSD BATTAGLIA, R. E. PO BOX 3010 WINTER PARK, FL 32790 PTD		U00000155216 05/05/04-80027-016 150.00			
NAME STREET ADDRESS CITY-ST-ZIP	BATTAGLIA, W. P. PO BOX 3010 WINTER PARK, FL 32790		<u> </u>			
NAME STREET ADDRESS CITY+ST-ZIP	TADDRESS PO BOX 3010			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-W.P. Battaglia, President

4/29/2004

407-622-1700

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Daytime Phone #