2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000053495

TREASURE COAST COURT REPORTING, INC.

FILED Apr 19, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

5639 4TH LANE

5639 4TH LANE

OKEECHOBEE, FL 34974

OKEECHOBEE, FL 34974



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 65-0763805 Not Applicable

5. Certificate of Status Desired

04082004

\$8.75 Additional Fee Required

SCIORRA, CYNTHIA 900 E. OCEAN BLVD. SUITE 223

DO NOT WRITE IN THIS SDACE

STUART,	rl 34994			IN THIS SPACE	
the obligat	ions of registered agent.	urpase of changing its registered of	îcé or r	registered agent, or both, in the State of Florida. I am familiar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registered Agen	signature	re required when renstrang) DATE	
	E NOW!!! FEE IS \$150.00 by 1, 2004 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	-
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIVARI, NANCY M 900 E. OCEAN BLVD. STUART, FL 34994 D SCIORRA, CYNTHIA 900 E. OCEAN BLVD. STUART, FL 34994		-	U0000011?775 04/19/04-80032-025	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	 . :
TITLE		1			

12. I hereby 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

E AND TYPED OF PRINTED NAME OF SIGNING

CYNTHIS SCIORRA; DIRECTOR