2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: Them

DOCU 1. Entity Nam FRY MAS	# P9700005 C.	3866					Mar 05, 2004 08:00 AM Secretary of State				
Principal Plan	e of Business		Maritin	na Addraes	·		\dashv				
19499 DEE			Mailing Address 19499 DEER LAKE RD								
LUTZ FL 33549				LUTZ FL 33549							
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2. Principal F	lace of Busin	3. Mai	3. Mailing Address								
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Suite, Apt.	. #, etc.	Suit	Suite, Apt #, etc				MOORE	CR2E034	11/03)		
City & Stat	te	City	City & State			4.	FEI Number		I Ap	plied For	
								59-3480796		}	t Applicable
Zip	Zip Country		Zip	Zip Coun		itry	5.	Certificate of Status Desired		8.75 Add	
	6 Name	rent Registers	Registered Agent			7	Name and Address of New Re		e Require	3 	
						Name					
FRY, THOMAS C							Street Address (P.O. Box Number is Not Acceptable)				
19499 DEER LAKE RD LUTZ FL 33549						Street Modress (F.O. Box Number is Not Acceptable)				-1 -per	
20121233349											
; !					City			FL	Zip Code	3	
8. The above named entity submits this statement for the number of changing its regis						ed office or rec	nstered a	gent or both in the State of Flo		niliar with	and accept
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 registerod agent and life if applicable (NOTE Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00							<u> </u>				
After May 1, 2004 Fee will be \$550.00								9. Election Campaign Finance		\$5.0	May Be
Make Check Payable to Florida Department of State								Trust Fund Contribution	ı. L	Added	to Fees
10.		AND DIRECTO	DIRECTORS11.			А	DDITIONS/CHANGES TO OFFI	CERS AND D	RECTORS	SIN 11	
TITLE	D			☐ Delete 🔠		}				Change	Addition
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City-St-Zip	LUTZ FL 33549			B		-S7-ZIP		03/05/04-80025-003 150.00		8	
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NAME	FRY, THEO	DORE C		MAN		i			•		
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CITY-ST-ZIP	CLEARWIA	ER FL 34624		cm						<u> </u>	
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NAME STREET ADDRESS				NAMI STRE		3					
CRY-ST-ZIP						ET ADORESS -ST-ZIP					
	certify that the	information supplied	I with this filling	does not qualify for			in Section	119,07(3)(i). Florida Statutes 1	further certif	/ that the in	formation
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information indicated on this report or suppliemental 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.											

Thomas C Fry Pres 3-2-04 813-949-2484
PHINTED HAVE OF SIGNANG OFFICER OR DIRECTOR
PHINTED HAVE OF SIGNANG OFFICER OR DIRECTOR

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