2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: SIGNATURE AND

Applied Form Pack of Business	DOCUMENT # P97000062757 1. Entity Name E. JANE BREHANY, P.A.								Feb 02, 2004 08:00 AM Secretary of State				
### PRESACCIA FL 2501 2. Principal Place of Business Salita, Apr. #, etc. Salita, Apr	Principal Plac	ce of Busines	s	Mailir	na Address			- ·	•				
Sulto, Appl. 4, etc.	412 BAYFR	ONT PKWY	•	412	BAYFRONT PKW								
Sulls, Apt. 9, etc Sulls, Apt. 8, etc Sulls, Apt. 8, etc MOORE CR2E034 (11/03) City & State City & State City & State A. FEI Number 59-3457337 Applicable February New Applicable New Applicable February New Applicable February New Applicable	PENSACOL	A FL 32501		PEN	SAÇOLA FL 3250	1							
Sulls, Apt. 9, etc Sulls, Apt. 8, etc Sulls, Apt. 8, etc MOORE CR2E034 (11/03) City & State City & State City & State A. FEI Number 59-3457337 Applicable February New Applicable New Applicable February New Applicable February New Applicable													
City & State Ci	2. Principal F	Place of Busin	ress	3. Ma	iling Address			7					
City & State Ci	Suita Ant	# etc		Suit	ta Aot # oto			_	3 3##33##3 33# 3#III 4##II ##fif ##fif #	1833 MANUA ASSUM (1841) :	### #### #############################	(EE) (((EE)	
Country Zip Country Zip Country S. Certification of Status Desired \$8.75 Additional Peop Preparation Peop Prepa		,,		001	ω, π, οιο.				MOORE (R2E034 (1	1/03)	,	
Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Application \$9.75 A	City & Stat	te		City	/ & State	_		4.	El Number 59-3457227		}	<u> </u>	
S. Certificate of Status Desired Per Notice Per Notic	7in Daniel			Zin		Cour	ntev.		33-3407337	-			
BREHANY, E. JANE 412 BAYERONT PARKWAY PENSACOLA FL 32501 City FL Zip Code City FL			Guarary	2.10	Zip Coun		311 y	5. (Certificate of Status Desired				
BREHANY, E. JANE 412 BAYFRONT PARKWAY PENSACOLA FL 32501 City FL Zip Code		6. Name	and Address of Curren	t Register	ed Agent			7. 1	lame and Address of New Re	gistered Age	nt		
### 12 BAYFRONT PARKWAY PENSACOLA FL 32501 City FL Zp Code	DOE		IANE				Name						
City FL Zp Code 8. The above named entry submits the statement for the purpose of changing its registered agent, or both, in the State of Pionda. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SITES SIT	412 BAYFRONT PARKWAY						Street Address	(P.O. 8	ox Number is Not Acceptable)				
A. 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	PEN	NSACOLA	FL 32501				<u> </u>			·			
A. 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							Ch				Za Cad		
THE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 After May 2, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00 After							-			- - ;	•		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICER'S AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICER'S AND DIRECTOR'S IN 11 TITLE DEBELANY, E. JANE BREHANY, E. JANE BRE	8. The above the obligat	e named entit tions of regis:	y submits this statement tered agent.	for the purp	oose of changing its	register	ed office or registe	ered ag	ent, or both, in the State of Flor	ida. I am fam	illar with,	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICER'S AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICER'S AND DIRECTORS IN 1 TITLE DEBET ORDERS 412 BAYFRONT PKWY CITY-ST-2P PENSACOLA FL 32501 TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE CITY-ST-2P TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE MAKE STR	CONTRACTOR		<u> </u>										
After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE	Signature, typed	or printed name of registered ager	nt and life if ap	plicable (NOTI	E Registere	d Agent signature requir	ed when re	instatotg)	DATE			
Make Check Payable to Florida Department of State	F	ILE NOW!	!! FEE IS \$150.00						4.5%			_	
10.										· -			
TITLE NAME BREHANY, E. JANE STREET ADDRESS CITY-ST-ZP PENSACOLA FL 32501 TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME	<u> </u>	K Payable ti			1	5 32	·						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		D	OPPICERS AIN	DIRECTO				AU	DITIONS/CHANGES TO OFFIC				
TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ŧ	BREHANY	, E. JANE				- {			·	•		
TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	; · · · · · · · · · · · · · · · · · · ·								00000027078		٠.		
NAME STREET ADDRESS CTY-ST-ZIP CTHANGE CTHANGE CTY-ST-ZIP		PENSACO	LA FL 32501			-1			027 U37 U4-8UL				
CITY-ST-ZIP	l				☐ Delete		{			Ł	Change		
TITLE	}					STRE	EET ADDRESS						
NAME SIREET ADDRESS CITY-ST-ZIP TITLE TIT	 	ļ	***			CITY	'-SI-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	-				Delete		f				Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP		1				E '''	~ }						
NAME STREET ADDRESS CHY-ST-ZIP TITLE CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP CLY-ST-ZIP STREET ADDRESS CHY-ST-ZIP CLY-ST-ZIP CLY-ST-ZIP STREET ADDRESS CHY-ST-ZIP CLY-ST-ZIP CLY-ST-ZIP CLY-ST-ZIP CLY-ST-ZIP CLY-ST-ZIP CLY-ST-ZIP CLY-ST-ZIP CLY-ST-ZIP CLY-ST-ZIP	STREET ADDRESS					STRE	EET ADDRESS						
STREET ADDRESS CHY-ST-ZIP TITLE CHANGE STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP CHANGE STREET ADDRESS CHY-ST-ZIP CHANGE STREET ADDRESS CHY-ST-ZIP CHANGE STREET ADDRESS CHY-ST-ZIP CHANGE STREET ADDRESS CHY-ST-ZIP	•		### · · · · · · · · · · · · · · · · · ·				 	_					
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TO Delete STREET ADDRESS CITY-ST-ZIP TO DELET NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP				☐ Delete	CITY FITE	'-ST- <i>ZIP</i> £				Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CY-ST-ZIP CY-ST-ZIP CY-ST-ZIP CY-ST-ZIP CY-ST-ZIP	CITY-ST-ZIP TITLE NAME		-		☐ Delete	CETY EETEL NAM	'-ST- <i>ZIP</i> E				Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP TITLE NAME STREET ADDRESS				☐ Delete	CETY FETEL NAM STRE	'-ST-ZIP E IE ELT ADDRESS				Change	☐ Addition	
CITY-ST-ZIP FITLE Defete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP BILE NAME STREET AODRESS CHY-ST-ZIP THEE					CITY RTEL NAM STRE	'-ST-ZIP E IE ELT ADDRESS '-ST-ZIP				·		
TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE Addition CHANGE CITY-ST-ZIP	CITY-ST-ZIP TITLE NAME STREET AODRESS CRY-ST-ZIP TITLE NAME					CETY RETEI NAM STRE CITY THU NAM	'-ST-ZIP E ELT ADDRESS '-ST-ZIP E				·		
NAME STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP	CITY-ST-ZIP TITLE NAME STREET ADDRESS CRY-ST-ZIP TITLE NAME STREET ADDRESS					CITY RITU NAM STRE CITY THU NAM STRE	'-ST-ZIP E EET ADDRESS '-ST-ZIP E EET ADDRESS				·		
CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CETY RELE NAM STRE CITY THU NAM STRE CETY	Y-ST-ZIP E EET ADDRESS T-ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP				Change	☐ Addition	
	CITY-ST-ZIP TITLE NAME STREET AODRESS CHY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME				☐ Delete	CITY STEE NAM STRE CITY TITU NAM STRE CITY TITU NAM NAM NAM NAM NAM	Y-ST-ZIP E ELET ADDRESS Y-ST-ZIP E ELET ADDRESS Y-ST-ZIP E ELET ADDRESS Y-ST-ZIP E				Change	☐ Addition	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 chapter, or on an attachment with an address, with all other like empowered.	CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS				☐ Delete	CITY STRE CITY TITUE NAM STRE CITY TITUE NAM STRE CITY TITUE NAM STRE	Y-ST-ZIP E ELT ADDRESS Y-ST-ZIP E ELET ADDRESS Y-ST-ZIP E ELET ADDRESS ELET ADDRESS ELET ADDRESS				Change	☐ Addition	
	CITY-ST-ZIP TITLE NAME STREET AODRESS CHY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP	certify that th	e information supplied wi	th this filing	☐ Delete	CITY RITEL NAM STRE CITY THU NAM STRE CITY THU NAM STRE CITY THU NAM STRE CITY OTHER	Y-ST-ZIP E ELTA ADDRESS Y-ST-ZIP E ELET ADDRESS Y-ST-ZIP E ELET ADDRESS Y-ST-ZIP E ELET ADDRESS Y-ST-ZIP	Section	1 (9.07(3)(i), Florida Statutes I (Change Change	☐ Addition☐ Addition☐ Addition☐	

FILED