

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JAN 26 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3504740	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MIFFLIN, DONALD
11924 LN. PARK RD.
TAVARES, FL 32778

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

700027902217
01/30/04--01003--014 **150.00

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIFFLIN, DONALD 11924 LN. PARK RD. TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIFFLIN, DEBORAH 11924 LN. PARK RD. TAVARES, FL 32778
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**DO NOT WRITE
IN THIS SPACE**

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:

Deborah Mifflyn - Vice Pres. Deborah MIFFLIN 1/30/04

352-343-4111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #