2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2004 08:00 AM Secretary of State

1. Entity Nan	MENT # P970000681	76			Secre	tai y	of State
1	ce of Business SY RIDGE LANE 32712	Mailing Address 1536 GRASSY RIDGE LANE APOPKA, FL 32712	-				
DO NOT WRITE IN THIS SPA			CE	04192004 4. FEI Numb 59-346	No Chg-P		Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ELLOIT, BRUCE E 1536 GRASSY RIDGE LANE APOPKA, FL 32712			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, speed or printed name of registered agent and libe if applicable (NOTE Registered Agent signature required when reinstating) DATE							
FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			ncing \$5	.00 May 8e led to Fees			
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELLIOTT, BRUCE E 1536 GRASSY RIDGE LANE APOPKA, FL 32712	ECTORS			V00001 04/21/04	01226 -8003	34 6-020 150.00
TITLE NAME STREET ADDRESS CRY-ST-ZIP TITLE NAME STREET ADDRESS					NOT W THIS SP		_

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TIFLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNLED READ TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-04

487-497-1684

Daytime Phone