

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2004 8:00 am**  
**Secretary of State**

03-23-2004 90001 043 \*\*\*150.00

**DOCUMENT # P97000076588**



1. Entity Name  
 11095 VIKING, INC.

Principal Place of Business: 1801 HERMITAGE BLVD., STE. 600 TALLAHASSEE, FL 32308  
 Mailing Address: 1801 HERMITAGE BLVD., STE. 600 TALLAHASSEE, FL 32308

**54021199**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01282004 Chg-P CR2E034 (10/03)

4. FEI Number: **59-3465691**  
 Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TODD, DAVID E 1801 HERMITAGE BLVD., STE. 100 TALLAHASSEE, FL 32308		Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ <b>FL</b> Zip Code: _____	

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: VPAS NAME: WEAVER, REGINA STREET ADDRESS: 8750 N CENTRAL #800 CITY-ST-ZIP: DALLAS, TX 75231	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: DALEY, EDWARD STREET ADDRESS: 8750 N. CENTRAL EXPRESSWAY CITY-ST-ZIP: DALLAS, TX 75231	<input type="checkbox"/> Delete	TITLE: _____ NAME: James W. Horton STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DVAS NAME: SMTIH, JEFFREY STREET ADDRESS: 1801 HERMITAGED BLVD#600 CITY-ST-ZIP: TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DVAT NAME: GRAY, LYNNE M STREET ADDRESS: 1801 HERMITAGE BLVD., SUITE 600 CITY-ST-ZIP: TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: SMITH, G. ANDREWS STREET ADDRESS: 8750 N. CENTRAL EXPRESSWAY, STE. 800 CITY-ST-ZIP: DALLAS, TX 75231	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VS NAME: FARALDO, MARK STREET ADDRESS: 8750 N. CENTRAL EXPRESSWAY, SUITE 800 CITY-ST-ZIP: DALLAS, TX 75231	<input type="checkbox"/> Delete	TITLE: _____ NAME: Mark P. Faraldo STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mark P. Faraldo Mark P. Faraldo U.S. 2149990800  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #