STREET ADDRESS CETY-ST-ZIP TITLE NAME STREET AUDRESS CITY-ST-ZIP

FILED Jan 08, 2004 08:00 AM

2004 FOR PROFIT-GORPORATION ANNUAL REPORT				Secretary of State			
1. Entity Nar	MENT # P97000801			•	e e e e e e e e e e e e e e e e e e e	. 4	
Principal Plan 2625 STANI ORLANDO, F		Mailing Address 2625 STANMORE CT. ORLANDO, FL 32801					
E	OO NOT WRITE	IN THIS SPAC	CE	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o Chg-P CR2	E034 (10/03) Applied For Not Applicat \$8.75 Additional Fee Required	
2625 STA ORLANDO	6. Name and Address of Current Re- CHRISTOPHER NMORE CT. D, FL 32801 a named entity submits this statement for the		d office or register	IN TH	OT WRIT	E	
SIGNATURE Signature, wood or pathted name of registered egent and late FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.		of May Be	DATI	<u> </u>	
10. TITLE NAME STREET ADDRESS ORY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	OFFICERS AND DIF D STRAUB, MICHELLE A 2625 STANMORE CT. ORLANDO, FL 32801 D STRAUB, CHRISTOPHER 2625 STANMORE CT. ORLANDO, FL 32801	RECTORS		1) 81/6:	0000000782 9/04-80012-0	04 158.75	
WILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					OT WRIT	· · · · · · · · · · · · · · · · · · ·	
TITLE NAME							

^{12.} Thereby 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.