## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

2004 FOR PROFIT CORPORATION ANNUAL REPORT							Mar 05, 2004 8:00 am Secretary of State					
1. Entity Nam	ie	# P9700089 SER & ASSOCIATE						4 90023 008				
Principal Place 2350 PARK S JACKSONVILL	ST		Mailing Address 2350 PARK ST JACKSONVILLE, FL 32204			1 11111111111	0 2011 1901 <b>30</b> 11 <b>10</b> 11 <b>1</b> 0	Idi deret tetle folgi	1918   80   18   18	eei nieei		
2. Principal Place of Business 1817 Cherry Street Suite, Apt. #, etc.			3. Mailing Address 1650-302 Margare 15theet Suite, Apt. #, etc. #330			02222004 Chg-P CR2E034 (10/03)						
City & State Sacksonulle, FZ			City & State Sacksonville, 72			4. FEI Numb				plied For t Applicable	بنت	
Zin	1505	Suval	Zip 38200	Cour	uval		of Status Desired		8.75 Addi e Required		i	
	6. Name	and Address of Current	Registered Agent		Name	7. Name and	d Address of New	Registered Ag	ent			
COLD, KA 4000-27 S SUITE 91	T. JOHNS	AVENUE			Street Address	s (P.O. Box Numb	per is Not Acceptab	le)				
JACKSON	VILLE, FL	. 32205			City			FL	Zip Code	)		
	named entit	y submits this statement fo	or the purpose of chang	ging its register	ed office or regist	tered agent, or be	oth, in the State of F		niliar with, a	and accept		
SIGNATURE.	Signature typed	or printed name of registered agent	and title if annicable	(NOTE: Segisters	ed Agent signature requi	red when reinstation)		DATE				
	E NOW!!!	FEE IS \$150.00 4 Fee will be \$550.	9. Election (	Campaign Fina d Contribution.	neing\$	5.00 May Be						
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OF					
NAME STREET ADDRESS CITY-ST-ZIP	KRUEGE 2350 PAF	R, CELESTE RK ST. NVILLE, FL 32204	Delet	NAM Str	.E: ====================================	• .		·	☐ Change	Addition ≥		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delet	NAA Str				[	Change	☐ Addition		
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CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS			Delet	teTITI	LE				Change	Addition	-	
12. I hereby indicated of the co	d on this repo progration or t	ne information supplied wi nt or supplemental report the receiver or trustee em tachment with an address	is true and accurate an powered to execute this	cit ualify for the exi id that my signa is report as requ	Y-ST-ZIP emption stated in	ne came lenal ette	act as it made linde	r oatn' inat i art	n an omcer	or director		

**FILED**