2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Zip Country Zip Country s. Certificate of Status Desired S8.75 Additional Tech Reputation Cell TH, W C T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent Element Agent CEI TH, W C Street Address (P.O. Box Number is Not Acceptable) Name AKELAND, FL 33801 Street Address (P.O. Box Number is Not Acceptable) Chy FL Zip Code The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lant familier with, and ac the of Florida. Lant familier with, and ac the of Florida. Lant familier with, and ac the florida agent. Chy OFFICERS AND DIRECTORS Not Florida Controlution. Address of Controlution. Address of Controlution. Stress Address of Controlution. Address of Controlution. Change Addret May 1, 2004 Foew Nill be	City & Stat	e	City & State			بغسابي ا	
B. Name and Address of Current Registered Agent In an end Address of Current Registered Agent In an end Address of Pow Registered Agent In an end entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. Lam tamiliar with, and ac the obligations of registered agent, or both, in the State of Fiorida. Lam tamiliar with, and ac the obligations of registered agent. In a above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. Lam tamiliar with, and ac the obligations of registered agent. In a bove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. Lam tamiliar with, and ac the obligations of registered agent. In a bove named entity submits this statement for the purpose of changing financing PILE NOWILI FEE IS \$150.00 After May 1, 2004 Fee valit bas \$550.00 In attract Controlution. If the Controlution. If th	Zip	Country	Zip	Country		T \$8.75 Add	itional
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He 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 ac in the objections of registered agent. (International international interenational international international international international	517 COMMERCIAL PARK DR				s (P.O. Box Number is Not Acceptabl	e)	
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ME NAME REET ADDRESS Y-ST-ZIP L 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 informatii 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 direc 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 to changed, or on an attachment with an address, with all other like empowered.	ME Reet address		Delete	NAME STREET ADDRESS		Change	Additio
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SIGNATURE: #23-04 407-352-7941	of the cor changed,	on this report of supplemental repr poration or the receiver or trustee e , or on an attachment with an addre	ort is true and accurate and that i empowered to execute this report	my signature shall have the shall have the second	ie same legal effect as if made under 507, Florida Statutes; and that my nam	eath; that I am an officer e appears in Block 10 or	or director Block 11 if