2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2004 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State			
DOCUI	MENT # P970000945			56	ecretary of	State	
	NITORIAL, INC.						
Principal Place	e of Business	Mailing Address					
7715 PARK I Lakeland, F		7715 PARK BYRD ROAD LAKELAND, FL 33810-5310			(# 1811) (#31) 38)) (31) (81)	I XV IIF (911) GIFYI KIIFI BIMB I	timma aa em af i
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DO NOT WRITE IN THIS SPACE			∩E	04072004	No Chg-P	CR2E034 (10/03)	
			CE	4, FEI Numb		No	optied For ot Applicable
				5. Certificate	e of Status Desired	S8.75 Add Fee Require	
	6. Name and Address of Current Rec	istered Agent	1				
CHENEY, FENTON E 7715 PARK BYRD ROAD LAKELAND, FL 33810					NOT W THIS SF		:
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 typed or printed name of registered agent and t	ed Agent signature required	when (einstaling)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be ed to Fees		0110890	
10.	OFFICERS AND DIF	ECTORS			- U4712754	-80101-016 1 9	50.00
TITLE NAME STREET ADDRESS GITY-ST-ZIP	PT CHENEY, FENTON E 7715 PARK BYRD ROAD LAKELAND, FL 338105310						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PAMELA CHENEY 7715 PARK BYRD RD LAKELAND, FL 33810						
TITLE NAME STREET ADDRESS CITY+ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET AODRESS CITY+ST-ZIP				IN	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP							

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:

TITLE

STREET ADDRESS CITY+ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

3/7/04

863) 853-197

Daytime Phone #