2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR) DOCUMENT # P97000098361 1. Entity Name

SIGNATURE:

FILED Feb 25, 2004 8:00 am Secretary of State 02-25-2004 90062 018 ***150.00

Daytime Phone #

STUDENTS, INC.			02 23 200 1 30002 010 1 130.00	
Principal Place of Business		Mailing Address	· · · - · · · · · · · · · · · · · · · ·	
74 JAYTEE COURT HAVANA FL 32333		74 JAYTEE COURT HAVANA FL 32333		

2. Principal Place of Business		3. Mailing Address 200	0//	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)
City & State		City & State TA //a ha	552 <i>5</i> _	4. FEI Number 59-3477395 Applied For Not Applicable
Zip	Country	Zip FZ	Country 32333	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent 7. Name and Ad				7. Name and Address of New Registered Agent
LANGEN JOHN			Name	
74 J	NSEN, JOHN NAYTEE COURT VANA FL 32333		Street Address	(P.O. Box Number is Not Acceptable)
			City	FL 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 Signature. typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AN	ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D	Delete	TITLE	Change Addition
NAME STREET ADDRESS	HANSEN, JOHN H 74 JAYTEE COURT		NAME STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL 32333		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	Change Addition
NAME	HANSEN, JULIE J		NAME	
STREET ADDRESS	74 JAYTEE COURT		STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP	HAVANA FL 32333			Change Addition
TITLE NAME		☐ Delete	TITLE NAME	E Change E Addition
STREET ADDRESS			STREET ADDRESS,,	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP		Пан	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME	į	☐ Delete	TITLE NAME	Change I Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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.				