2004 FOR PROFIT CORPORATION

FILED May 07, 2004 8:00 am

ANNUAL REPORT				Secretary of State			
1. Entity Name	MENT # P980000048 ESTMENTS, INC.				-	13 ***150.00	
Principal Place of Business 10225 ULMERTON RD. 45.5 N. Indian SUITE 3D Ste B LARGO, FL-33771 Mailing Address 10225-ULMERTON RD. SUITE 3D Ste B LARGO, FL-33771-8011e0			N Indiank	ſ			5405328
	Öellea <i>ir Blocks Fl.331</i> O NOT WRITE	<i>20 کې 10</i>		l timeniadi da		CR2E034 (1	0/03) Applied For Not Applicable
	6. Name and Address of Current Re	gistered Agent		5. Certificate	of Status Desired	□ \$8.7 Fee I	75 Additional Required
ARSENAULT, KENNETH G JR 10225 ULMERTON RD, SUITE 2 LARGO, FL 33771-					NOT W HIS SP	Albert Highlandella	
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.				,00 May Be ad to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIE STD BUCKLES, WILLIAM G 40225 ULMERTON RD. #30 455 LARGO, FL 33771 BELLEGIE	N. Indian Rocks					
NAME STREET ADDRESS CITY-ST-ZIP TITLE	VELTMAN, GREG D 10225 ULMERTON RD. #3D 455 LARGO, PL 33771 Bellegic VP	N. Indian Rocks Ska Sluffs FL 337.70					
NAME STREET ADDRESS CITY-ST-ZIP	VELTMAN, DAVID M 10225 ULMERTON RD #3D 45 S LARCO, FL 33771 Belleaux B			Andrew Commencer	NOT W	and the second	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOORE, MILES J 455 W. 10225 ULMERTON RD. #3D LARGO, EL 33777 Belle A			THIS SE	ACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				And the second s			Ţ.
TITLE NAME STREET ADDRESS CITY-ST-ZIP							Common and the Common

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.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BUCK 185 4/30/04 (727) 584-714/