2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Mar 02, 2004 08:00 AM DOCUMENT # P98000015633 Secretary of State 1. Entity Name ARNELLE M. STRAND, P.A. Principal Place of Business Mailing Address 8138 MASSACHUSETTS AVE NEW PORT RICHEY FL 34653 8138 MASSACHUSETTS AVE NEW PORT RICHEY FL 34653 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 59-3493845 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STRAND, ARNELLE M 8138 MASSACHSETTS AVE Street Address (P.O. Box Number is Not Acceptable) **NEW PORT RICHEY FL 34653** City 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, typod or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required whos reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE Change IMLE NAME STRAND, ARNELLE M NAME U00000074065 STREET ADDRESS 8138 MASSACHUSETTS AVE STREET ADDRESS 03/03/04-80003-002 150.00 NEW PORT RICHEY FL 34653 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS Citty-St-ZIP CITY-ST-ZIP TITLE Change Addition TITLE Delete NAME NAME 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, if 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 empayared. SIGNATURE: