## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P98000015720

1. Entity Name



## **FILED** Jan 08, 2004 8:00 am Secretary of State 01-08-2004 90052 030 \*\*\*150.00

	VOLUSIA COUNTY, INC.				01 00 <b>2</b> 00			
1 JOHN AND	e of Business ERSON DR. #603 ACH, FL 32176-5789	Mailing Address 1 JOHN ANDERSON DR. # ORMOND BEACH, FL 321						<b>17 (4 )</b> ( <b>64</b> )
Principal Place of Business     3. Mailing Add		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052004	Chg-P	CR2E03	4 (10/03)	
City & State		City & State		4. FEI Number 59-349				plied For t Applicable
Zìp	Country	Zip	Country	5. Certificate	of Status Desired	□ <b>\$</b>	8.75 Add ee Required	itional
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Ro	egistered Aç	gent	
LALINO	MADTUA -		Name		man ayaa e			
HALLING; MARTHA 1 JOHN ANDERSON DR. #603			Street Address	ss (P.O. Box Numb	er is Not Acceptable	)		
	BEACH, FL 32176-5789		-		<u> </u>	· 		·
i			City			FL	Zip Code	э
	named entity submits this statement for	r the purpose of changing its reg	gistered office or regis	stered agent, or bo	th, in the State of Flo	rida. Lam fa	miliar with,	and accept
the obliga	tions of registered agent.							
SIGNATURE.								
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature requ	uired when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		
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Fil. After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campaign Trust Fund Contribu		5.00 May Be Added to Fees				
After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	Trust Fund Contribu		Added to Fees	/CHANGES TO OFFI	CERS AND I	DIRECTORS	3 IN 11
After M	ay 1, 2004 Fee will be \$550.	Trust Fund Contribu	ution.   A	Added to Fees	/CHANGES TO OFFI		DIRECTORS □ Change	S IN 11
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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.

1-5-04

786-677-9555