2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2004 8:00 am Secretary of State

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1. Entity Nam	MENT # P980000 HEWS INC	1706	0	S. C. S.			01-20-2004	90060 0:		
Principal Place of Business Mailing Address						44000F0T				
107 MERRITT SQUARE			107 MERRITT SQUARE			1				
MERRITT ISLAND, FL 32952			MERRITT ISLAND, FL 32952							
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2. Principal P	Place of Business	3.	Mailing Address			-				
The state of the s									III MAHA DIII BU	
Suite, Apt. #. etc.			Suite, Apt. #, etc.			01132004	Chg-P	CB2E0	34 (10/03)	
						<u>'</u>			· · · · · · · ·	
City & State			City & State			4. FEI Number Applied For 59-3512800 Not Applicable				
Zip Country			Zip Cou		······································		<u>-</u>		\$8.75 Add	
						5. Certificate	of Status Desired		Fee Require	
6. Name and Address of Current Reg			stered Agent			7. Name and	Address of New F	legistered /	Agent	
					Name					
SCHLOSSENBERG, EULA M 107 MERRITT SQUARE					Street Address (P.O. Box Number is Not Acceptable)					
MERRITT SQUARE MERRITT ISLAND, FL 32952										
					City			FL	Zip Code	o .
8. The alroye	named entity submits this statemen	nt for the	numnse et channing ils	registered	office or registr	ered agent, or bot	h, in the State of Ek		amiliar with	and accept
	ions of registered agent.		parport of orderiging no	- 10g.0.510 3	c 11130 O. 10g.o.	J. 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
SIGNATURE.										
· SIGNATORE.	Signature, typed or printed name of registered at	thant and life	if applicable. (NOI	h: Hey-stered A	inul sidualnie tednic	ed when remstating)		DATE		
			0.40			- 00				
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$55		9. Election Campa Trust Fund Cont			5.00 May Be				
							<u> </u>			······································
10.	OFFICERS A	ND DIKE		11.		ADDITIONS/	CHANGES TO OFF	TOERS AND		
TITLE	D COLUMNIC CONTRACTOR COLUMNIC		☐ Delete	TIME					Change	Addition Addition
NAME STREET ADDRESS	SCHLOSSENBERG, EULA M 107 MERRITT SQUARE			NAME STREET	umpree					
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	2		GITY-ST	ļ					
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HAME			Emp Dotas	HAME						- · · · · · · · · · · · · · · · · · · ·
STREET ADDRESS				STREET :	ADDRESS					
CITY-ST-ZIP				CITY-ST	- 7IP					
LUTE			Delete	THLE					☐ Change	Addition
THAME				NAME						
STREET ADDRESS- CIEY-ST-ZIP		-		CITY-ST	ADDRESS .	•	ē			
TITUE			☐ Delete	TITLE					Change	Addition
NAME			L1 198444;	NAME			.5	30	CIII Gridings	C Coombin
STOLET ADDRESS					AUDRI SS					
CHY-SI-ZIP				CITY-SI	- ZIP					
Milt			☐ Delete	TUTE					Change	Addition
HAME				HAME		•				
STREET ADDRESS	·			•	ADDRESS					
CITY-ST-ZIP				CITY-ST	- 417					
HAME			☐ Delete	TITLE NAME					Change	Addition
CIREFT ADDRESS	1			STREET.	ADERBESS	•				

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther 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.

ÇITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

E.M. Schlossenberg