## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 22, 2004 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State			
1. Entity Nan	MENT # P980000183			secre	etary (	oi State	
Principal Place 2419 PINEV ORLANDO, F		Mailing Address 2419 PINEWAY DRIVE ORLANDO, FL 32839	•				
		_e*	<u></u>				
DO NOT WRITE IN THIS SPA			CE	02212004	No Chg-P	CR2E034	(10/03)
				4. FEI Number 59-349088		_ <u></u> _	Applied For Not Applicable
				5. Certificate of S			3.75 Additional
	6. Name and Address of Current Re	gistered Agent	· · · · · · · · · · · · · · · · · · ·			Fe	e Required
KEITZ, CHARLES 2419 PINEWAY DRIVE ORLANDO, FL 32839					OT W		
				11.4 1.1	no of	ACL	
	named entity submits this statement for the	ne purpose of changing its register	ed office or register	ed agent, or both, in	the State of Flor	rida. I am fam	niliar with, and accept
}	tions of registered agent.						
SIGNATURE.	Signature, typed or printed name of registered agent and	vile if applicable. (NOTE Registers	d Agent signature required	vrhen reinstalling)	<u>*</u>	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		00 May Be ed to Fees			
10.	OFFICERS AND DI	RECTORS	I -	<u> </u>	· · ·	·	10 · 1
TITLE NAME STREET ADORESS	D KEITZ, CHARLES 2419 PINEWAY DRIVE			í	00000U - NOVES V SE	1094543 20004 (	015 150. <b>00</b>
CITY-SI-ZIP	ORLANDO, FL 32839	· <u>*</u> -	ł	ł.	)3)	.onna4_1	112 120.00
NAME STREET ADDRESS CITY-ST-ZIP	KEITZ, NANCY 2419 PINEWAY DRIVE ORLANDO, FL 32839						
TITLE		<u></u>	1				
NAME STREET ADDRESS				DO N	OT 140		:
CXTY-ST-ZIP					OT W		
TITLE NAME				IN TH	IIS SP	ACE	
STREET ADDRESS CITY-ST-ZIP							
TITLE		. <u></u> <u> </u>	1				
NAME STREET ADDRESS							
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 10

SIGNATURE:

NAME STREET ADDRESS

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFI

CHARLES & KEISZ 3/18/204

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