2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURĘ: ⊆

1. Entity Name	T # <u>P98000</u> 02 ORS, INCORPORA			Jan 29, 2004 08:00 AM Secretary of State				
			· .		-			
Principal Place of Business Mailing Address				4				
307 W. WHEELER ROAD SEFFNER FL 33584		SEFFNER FL 33584	307 W. WHEELER ROAD SEFFNER FL 33584		\$ 			
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
0 55 4 5 4 5 6		Cute Apt # etc	<del></del>				TE MITME FOWT	ABI 14 1881
Suite, Apt. #, etc.		Suite, Apr. #, etc.	Suite, Apt #. etc.		MOORE CR	2E034 (11/	)3) <u> </u>	
City & State		City & State	City & State		4. FEI Number 65-0817226	-		olied For Applicable
Zip Country		Zip	Zip Country		5. Certificate of Status Desired	□ \$8. <u>7</u>	5 Addi	
						Fee H	lequired	
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Regis	stered Agent	<del></del>	<u> </u>
STANLEY, KATHY				Street Address (P.O. Box Number is Not Acceptable)				
307 W WHEELER RD SEFNER FL 33584				Sileet Address (1.0. Day Milhaber 13 Hot Acceptable)				
SEFINEN PL 33304								
				City	FL Zp Code			
		ent for the purpose of changing its	register	ed office or register	red agent, or both, in the State of Florida	a. I am familia	r with, a	and accept
the obligations of registered agent.								
SIGNATURE Signature, typed or printed name of registered agont and little 4 applicable (NOTE Registered Agent signature required when reinstating)  DATE								
EILE MAWIII EEE IS \$150,00								<u> </u>
After May 1, 2004 Fee will be \$550.00					<ol> <li>Election Campaign Finance</li> <li>Trust Fund Contribution.</li> </ol>	ing 🗀		May Be to Fees
Make Check Payabl	e to Florida Departme	to grade and the state of						
IIILE DP	OFFICERS	AND DIRECTORS Defete	11.		ADDITIONS/CHANGES TO OFFICE		CTORS	i_IN 11 □ Addition
	EY, ROBERT	Lui Delete	NAM	- 1	1/000000208		-	<del></del>
i '				EET ADDRESS	UQ0000020859 G1/29/04-80084-022 150.00			
<del></del>	R FL 33584			-S1 - ZIP				Addition
TITLE VS	EY, KATHY	☐ Delete	TITL NAM			110	hange	L AUGITION
STREET ADDRESS 307 W	WHEELER RD			EET ADDRESS				
	R FL 33584		-	'-ST-ZIP	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
TITLE		☐ Delete	TITE Nam				hange	☐ Addition
STREET AODRESS				EET ADORESS				
CITY+ST-ZIP				'-ST-2/P			<u></u>	
TITLE NAME		☐ Delete	TITE. NAM				Change	Addition
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP			CITY	-ST-ZIP				
TITLE		☐ Delete	TITL				hange	☐ Addition
NAME STREET ADDRESS			NAM STRI	EET ADDRESS				
CITY-ST-ZIP				'-ST-ZIP				
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Deiete	TITL	E			hange	Addition
NAME			NAM					
STREET ADDRESS CITY-ST-ZIP				EET ADORESS '-ST-ZIP				
40 11	t the information supplied	d with this filing does not qualify fo			ection 119.07(3)(i), Florida Statutes. I fur	ther certify the	at the in	formation
12. Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 1:1907(3)(f), Forda Statutes. Further certify into 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.								
changed, or on an attachment with an address, with all other like empowered.								

**FILED**