

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2004 8:00 am**  
**Secretary of State**

05-12-2004 90499 001 \*\*\*300.00

66421148



05092004 Chg-P CR2E034 (10/03)

4. FEI Number  
59-3536872  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

NAGY, TIMOTHY  
222360 111TH DR  
O BRIEN, FL 32071

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	NAGY, TIMOTHY	
STREET ADDRESS	22230 111TH DR	
CITY-ST-ZIP	O BRIEN, FL 32071	
TITLE	S	<input type="checkbox"/> Delete
NAME	DOWDY, ELIZABETH	
STREET ADDRESS	22230 111TH DR	
CITY-ST-ZIP	O BRIEN, FL 32071	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DOWDY, TRACY	
STREET ADDRESS	22230 111TH DR	
CITY-ST-ZIP	O BRIEN, FL 32071	
TITLE	T	<input type="checkbox"/> Delete
NAME	NAGY, JO E	
STREET ADDRESS	22230 111TH DR	
CITY-ST-ZIP	O BRIEN, FL 32071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05 MAY 2004

Date

326-935-0129

Daytime Phone #