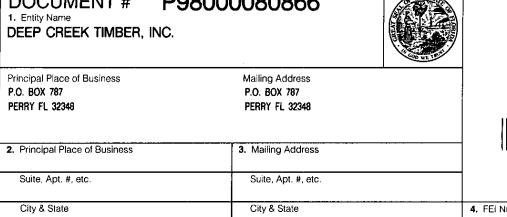
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P98000080866



FILED Apr 15, 2003 8:00 am Secretary of State 04-15-2003 90106 037 ***150.00

Principal Plac P.O. BOX 787 PERRY FL 323		Mailing Address P.O. BOX 787 PERRY FL 32348									
2. Principal F	Place of Business	3. Mailing Address					4 (684)688) ((8 4818) (81)3 89()) 98()) 9		() 	DIAND DANA HODA	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & Stat	e	City & State				4. F	4. FEI Number 59-3535130			pplied For ot Applicable	
Zip	Country	Zìp	Zip Cou			5. (5. Certificate of Status Desired See Require				
	6. Name and Address of Curren	t Registere	d Agent			7. N	Name and Address of New Regi	stered Ag	ent		
221005		~~·	ுழுக் கண்ணு ஆர		Name		میور د د دسر مد ا	٠	 .		
DRIGGERS, ANNETTE S					Street Addre	ess (P.O. B	P.O. Box Number is Not Acceptable)				
7915 LUTHER WILSON RD.											
GHEENVIL	LE FL 32331										
					City			FL	Zip Cod	de .	
	named entity submits this statement to ions of registered agent.	or the purpo	ose of changing its	registere	ed office or reg	istered age	ent, or both, in the State of Florida	a. Iam fau	miliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if appl	icable. (NOTE	: Registered	d Agent signature rea	quired when re	einstating)	DATE			
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of		,				Election Campaign Financ Trust Fund Contribution.	ing		00 May Be d to Fees	
10.	OFFICERS AND	DIRECTO	RS	11.	•	AD	DITIONS/CHANGES TO OFFICE	RS AND D	IRECTOR		
TTLE NAME STREET ADDRESS CIÑY-ST-ZIP	D Delete DRIGGERS, ANNETTE S 7915 LUTHER WILSON RD. GREENVILLE FL 32331			1			[Change	☐ Addition .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Delete DRIGGERS, ANNETTE S 7915 LUTHER WILSON RD. GREENVILLE FL 32331							Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	و په حد د د سد	ا بر یو ــــ	Delete	STREE	T ADDRESS ST-ZIP	• ,	a e an rich ander	٠ تومديكين مثحث	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					[Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		- 1				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		ľ				Change	Addition .	
12. I hereby c	ertify that the information supplied wit	h this filing o	does not qualify for	the exer	nption stated in	n Section 1	119.07(3)(i), Florida Statutes. I fur	ther certify	that the in	nformation	

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 of 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: