2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 04, 2004 8:00 am Secretary of State

DOCUMENT # P98000084021 1. Entity Name					02-04-2004 90090 001 ***150.00			
BRIVAL, IN	NC.		IS TO					
Principal Place 2395 S. WAS TITUSVILLE	SHINGTON AVE. #5	Mailing Address P.O. BOX 599 TITUSVILLE FL 32781			MIUU.			
		3. Mailing Address Suite, Apt. #, etc.			MOORE CR2E034 (11/03)			
City & State		City & State			4. FEI Number 59-3	3542705	<u> </u>	oplied For
Zip 32780 Country SA		Zip Country			5. Certificate of Status		\$8.75 Add	
	6. Name and Address of Current F	Registered Agent			7. Name and Address	of New Registered		
2399	IZO, RICHARD 5 S. WASHINGTON AVE		<u> </u>		P.O. Box Number is Not.	Acceptable)	#/0	· Y
#5 TITU	SUILLE FL 32780						7	
<u> </u>			Cit	y TITUS	ville	FL		
	named entity submits this statement for ons of registered agent.	the purpose of changing its	registered off	ice or register	ed agent, or both, in the	State of Florida, I am	familiar with,	and accept
SIGNATURE // Signature. typed or printed halps of registered agont and title if applicable. (NOTE: Registered Agent signature required when rollistating) DATE								
FILE NOW!!/ FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State						mpaign Financing Contribution.		IO May Be I to Fees
10.	OFFICERS AND I		11.		ADDITIONS/CHANG	S TO OFFICERS AN	D DIRECTOR	
NAME	PD MANZO, RICHARD A 2395 S. WASHINGTON AVE. #5 TITUSVILLE FL 32780	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZII	P DA	N20 , Ridal A 195 S. WAShing Tusuille , FL	Tan Aue # 10	⊠ Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADD	DRESS	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
CITY-ST-ZIP TITLE	 	☐ Delete	CITY-ST-ZII	P }			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADD CITY-ST-ZI	ſ		ليت م يور موسود		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-21				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADD	1			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	DRESS			☐ Change	Addition
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 thus 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 empoyered 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 TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date								