## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 03, 2004 8:00 am Secretary of State

Mailing Address   17585 \$ 1020N AVENUE   17	1. Entity Nam	MENT # P98000100				03-03-2004	90015 012 ***	150.00		
SUMMERFIELD, FL 34491   SUMM	i v									
2. Principal Place of Business   3. Mailing Address										
Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State   City & State   City & State   A FEI Number   Sp-3549605   May Applicable For Sp-3549605	JOHNNER ILLE, FL 3773		<b>v</b> 1				(L 1887) <b>4</b> 1 1881			
Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State   City & State   City & State   A FEI Number   Sp-3549605   May Applicable For Sp-3549605	2 Principal P	land of Business	3 Mailing Address	<del>-</del>						
City & State	2. Principal Place of Business 3. Mailing Address		3. Maining Address				}			
The Application   The Applic	Suite, Apt. #, etc.		Suite, Apt. #, etc.		0220200	4 Chg-P	CR2E034 (10/0	)3)		
Special Country   Zip   Country   5. Certificate of Status Desired   \$8.75 Additional Fee Neglecter   Apart	City & State		City & State					+ ' '		
ANKIEWICZ, ELENA-MARIE A 17585 SE. IOZND AVE SUMMERFIELD, FL 34491  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fordat. I am lamillar with, and accept the chigations of registered agent.  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 Fordat. I am lamillar with, and accept the chigations of registered agent.  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fordat. I am lamillar with, and accept the chigations of registered agent.  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fordat. I am lamillar with, and accept the chigations of registered agent.  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fordat. I am lamillar with, and accept the chigations of registered agent, or both, in the State of Fordat. I am lamillar with, and accept the chigations of registered agent, or both, in the State of Fordat. I am lamillar with, and accept the chigation of registered agent, or both, in the State of Fordat. I am lamillar with, and accept the chigation of Fordat.  8. The Addition Agent a	Zip	Country	Zipí	Country				Additional		
ANKIEWICZ, ELENAMARIE A T7585 S.E. 102ND AVE SUMMERFIELD, FL 34491  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 Fordick. I am lamillar with, and accept the obligations of registered agent.  **SIGNATURE**  **PILE NOWIII FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  **OFFICERS AND DIRECTORS**  **OFFICERS**  **OFFICERS AND DIRECTORS**  **OFFICERS**  **OFF		6. Name and Address of Curren	t Registered Agent		7. Name a	and Address of New				
Street Address (P.O. Dox Number is Not Acceptable) Ave.  SUMMERFIELD, FL 34491  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  STOWN THE BOOM AND ACCEPTABLE ASSOCIATION OF THE NOWILL AND ACCEPTABLE ASSOCIATION OF THE N				Name	Name					
SUMMER   Summer field, FL 3449     City   FL   Zip Code	17585 S.E. 102ND AVE			Street /						
City	SUMMERFIELD, FL 34491							491		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fordia. I an Tamiliar with, and accept the obligations of registered agent.    Compared to the purpose of changing its registered agent or both, in the State of Fordia. I an Tamiliar with, and accept the obligations of registered agent.   Compared to the purpose of changing its registered agent, or both, in the State of Fordia. I an Tamiliar with, and accept the obligations of registered agent.   Compared to the purpose of changing its registered agent, or both, in the State of Fordia. In the State of Fordia agent, or the State of Fordia. In the State of Fordia agent, or the State of				City	30111111	er lieta	·			
THE HOURIST OF Fregleiered agent.  SIGNATURE  SIGNATURE  SUPPLIANCE, Typed of primited named 2 regulated agent and 1866 applicables. (NOTE Regulated agent sprouture required when neuralating)  After May 1, 2004 Fee will be \$\$50.00  SETURE FROM \$\$50.00  SETURE F	A The above	named entity submits this statement (	or the purpose of changing its r	enistered office (	or registered agent, or	both in the State of E		ith and accept		
Signature, hypeed or premised requised sepent and later is applicative.   ONTE: Registrated Appert signature required when natidators)   ONTE			or the purpose of oranging no r	ogistores emes t	or registered agent, or			nan, and docopt		
Signature, typed or printed harm's of registered seperated (NOTE Registered Appers synchrise from nationalization)	SIGNATURE	2/26/04								
After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITTLE   CRange   Addition    TRUST ADDRESS   TOXND AVE   STREET ADDRESS    CITY-ST-2PP   CRANGE ADDRESS   CITY-ST-2PP    TITLE   CRANGE ADDRESS   CITY-ST-2PP	OR THE STREET	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent signs	ture required when reinstating	)	DATE			
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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 ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/04

352-347-3700

ate

Daytime Phone #