2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

NAME SITERT ADDRESS SOES HIGHWAY 98 EAST, PO BOX 1061 OCTY- 57-2P  TITLE D DESTIN FL 32540  TITLE D HOTT, TROY STREET ADDRESS BOX 14 CITY- 57-2P  TITLE NAME STREET ADDRESS BOX 14 CITY- 57-2P  TITLE NAME NAME STREET ADDRESS CITY- 57-2P  TITLE NAME STREE	DOCUI 1. Entity Nam SAND ST.				Secretary of State									
Suries, Apt. 8, etc.    Suries, Apt. 8, etc.   Suries, Apt. 8, etc.   Suries, Apt. 8, etc.   Suries, Apt. 8, etc.   A. FEI Number 31-1631459   Applied For Not	3655 HIGHWAY 98 EAST				P.O. BOX 3030									
City & State    City & State   Country   Zip   Country   St. Conflicted of State Desired   Set. To Additional   Se	2. Principal P	lace of Busin	ness	3. Mail	3. Mailing Address									
Zp   Country   Zp   Country   Zp   Country   S. Cartificate of Sanua Desired.   S. F. Actilianal   Fee Required	Suite, Apt #, etc				Suite, Apt #, etc.				MOORE CR2E034 (11/03)					
Rest Required   Rest   Rest   Required   Registered Agent   Rest   Required   Rest   Rest   Registered Agent   Rest   R	City & State				City & State			31-1631459 Not.			Applicable			
HOTT, DONE 3655 HWY 98 EAST DESTIN FL 32540    City   FL   Zip Code	Ζιρ	, , , , , , , , , , , , , , , , , , ,			· · · · · · · · · · · · · · · · · · ·	Coun	itry				Fee 8	Required		
3655 HWY 98 EAST DESTIN FL 32540    City   FL   Zg Code		6. Name	and Address of Currer	nt Registere	ed Agent		Name		7. N	iame and Address of New Hegistere	a Ageni			
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Ficinda. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  After May 1, 2004 Fee will be \$550.00  Make Check Payable to Finda Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  DESTIN FL 32540  TITLE  DESTIN FL 32540  TITLE  DESTIN FL 32540  TITLE  DESTIN FL 32540  TITLE  Detel  MARK LEIN A 6770-0014  TITLE  Detel  Detel  TITLE  Detel  TITLE  Detel  Detel  TITLE  Detel  Detel  TITLE  Detel  Detel  TITLE  Detel  Detel  Detel  TITLE  Detel  Detel  Detel	365	5 HWY 9	8 EAST				Street Add	iress (f	P.O. B	iox Number is Not Acceptable)				
THE DOW!!! FEE IS \$150.00  ARE May 1, 2004 Fee will be \$550.00  ARE PAYABLE TO FINGE Department of State    Payable to Finde Department of State							City		<del></del>	F	L Z	(p Code	·	
FILE NOW!! FEE IS \$15.00  After May 1, 2004 Fee will be \$55.00.00  Make Check Payable to Florida Department of State  10.														
After May 1, 2004 Fee with be \$550.00 Make Check Payable to Florida Department of State  10.	SIGNATURE Signature, typed or primed name of registered agent and tiss if applicable (NOTE Registered Agent signature required when reinstating).													
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE DHOTT, DON E STRETT ADDRESS CITY-ST-2P STRETT ADDRESS STRETT	After May 1, 2004 Fee will be \$550.00											\$5.0 Added	May Be to Fees	
NAME SITERT ADDRESS SOES HIGHWAY 98 EAST, PO BOX 1061 OCTY- 57-2P  TITLE D DESTIN FL 32540  TITLE D HOTT, TROY STREET ADDRESS BOX 14 CITY- 57-2P  TITLE NAME STREET ADDRESS BOX 14 CITY- 57-2P  TITLE NAME NAME STREET ADDRESS CITY- 57-2P  TITLE NAME STREE	10.		OFFICERS AN	D DIRECTO	). R\$	11.			άA	DITIONS/CHANGES TO OFFICERS A	ND DIR	ECTORS	IN 11	
NAME STREET ADDRESS CITY-ST-ZIP MARKLE IN 46770-0014  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP  TITLE Delete Delete TITLE Delete Delete TITLE Delete D	NAME STREET ADDRESS	HOTT, DO 3655 HIGH	OX 1061	Delete	MAN BRT2	RE EET ADORESS			U00000084356 03/11/04-80003-0	_	-	Addition		
NAME STREET ADDRESS CITY-ST-ZIP  TITLE    Delete   INLE     Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   NAME	NAME STREET ADDRESS	HOTT, TR BOX 14			☐ Delete	nam Stri	tet address		•	-		Change	Addition	
NAME STREET ADDRESS CRY-ST-ZIP  TRIE NAME STREET ADDRESS CRY-ST-ZIP  TRIE NAME STREET ADDRESS CRY-ST-ZIP  TITLE NAME STREET ADDRESS CRY-ST-ZIP  TO Delete NAME NAME STREET ADDRESS CRY-ST-ZIP  TO Delete NAME STREET A	NAME STREET ADDRESS				☐ Delete	HAM STRI	AL EET ADDRESS					Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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:  ###################################	NAME STREET ADDRESS				☐ Delete	nam Stri	ME EET ADDRESS					Change	Adoition	
NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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:  ###################################	NAME STREET ADDRESS				☐ Delete	naa str	ME EET ADDRESS					Chang <del>e</del>	Addition	
of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my half expeats in Block 10 to Block 11 to changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:   Jan 1 Hotti Tow E Hotti 3-0-0 4  SIGNATURE:   Jan 2 Hotti Tow E Hotti 3-0-0 4	NAME STREET ADDRESS				☐ Delete	NAM STR	AE EET ADDRESS					Change	Addition	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR INSECTOR	of the co changed	rporation or I, or on an at	the receiver or trustee entachment with an address	npowered to s, with all of Dow	execute this report her like empowered E HoTT	t as requ	irea by Chap	ter bu	r, Hlori	nda Stationes; and that my hame appear	260	258 .	DIDOK 1111	

**FILED**