## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED May 03, 2004 08:00 AM Secretary of State

1. Entity Nam	MENT # P990000143					Sec	i etai y	oi State
Principal Plac 116 OLIVE T ALTAMONTE		Mailing Address P.O. BOX 161387 ALTAMONTE SPRINGS, FL 32716-1387						
	O NOT WRITE	IN THIS	SPA	<b>,</b>	04282004  4. FEI Number 59-3556	No Chg-P	CR2E034 (1	, 11800 E1800 E1 11 12 E1
lifered Trans					5. Certificate of	Status Desired		5 Additional tequired
116 OLIVE	6. Name and Address of Current Re L., REBECCA TREE CIRCLE ITE SPRINGS, FL 32714	gistered Agent			to tons nountail, dead	VOT WI HIS SP		
	named entity submits this statement for the ions of registered agent.		g its registere	d office or register	ed agent, or buth	in the State of Flor	ida. I am familia	ar with, and accept
	Signature, typed or printed name of registered agent and	tate if applicable	(NOTE, Registered	Agent signature required	when reinstasing)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Car Trust Fund (	mpaign Finan Contribution,		00 May Be ed to Fees			
HILE	OFFICERS AND DI	RECTORS		gjargi:				
NAME STREET ADDRESS CITY-ST-ZIP	BOUTWELL, REBECCA 116 OLIVE TREE CIRCLE ALTAMONTE SPRINGS, FL 3271	I	·				#1855 0152-018	
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	- ·			DO	NOT W	RITE	
TOTLE NAME STREET ADDRESS OTY-ST-ZIP					IN T	HIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						HIS SP		
DTLE NAME STREET ADDRESS CITY-ST-ZIP							September 1965 (1965) Berling of the control of the Berling of the control of the Berling of the control of the	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is triporation or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and t ered to execute this re	hat my signat port as requir	nption stated in Seure shall have the s ed by Chapter 607	ction 119.07(3)(i), ame legal effect , Florida Statutes;	Florida Statutes. I i as if made under of and that my name	urther certily the th; that I am an appears in Bloo	at the information officer or director k 10 or Block 11 if