2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2004 8:00 am Secretary of State

LEARWATER, FL 33760-4018 CLEARWATER, FL 33760-4018 Surba, Apt. #. etc. O3052004 Chg.P CR2E034 (10/03) Applied For Sp3-53-652704 Applied For Sp3-53-65		no 		356				03-17-2004	190032	027 ***1	50.00
13130 56TH COURT JUITE 604 LEARWATER, FL 33760-4018 2. Motining Address Sales, Apt. #, etc. Sales, Apt. #			₹P.								
LEARWATE, FL 33760-4018 SURE 604 LEARWATE, FL 33760-4018 Subs, Apt. #, etc. Subs, Apt. #, etc. Coy & States Cly & States	Principal Plac	ce of Business		Mailing Address			•				
Suite, Apt. #, etc. Suite, Apt. #, etc.	SUITE 604			SUITE 604	760-4018	. 8	1 188 (TRA) 11 B			:FB (110) EHIB SI	ri pa t II l ab i
City & State City & State City & State Country Sp-3562704 Applied for Not Application Sp-3562704 Sp-3662704 Sp-366270	2. Principal F	Place of Business		3. Mailing Address		<u> </u>					
Se. Sabs2270 Se. Country Sp. Country Sp. Country Se. Certificate of Status Desired Se. Rotational	Suite, Apt. #, etc.			Suite, Apt. #, etc.		03052004	Chg-P	CR2E0	CR2E034 (10/03)		
S. Certificate of Status Desired Fee Required F	City & State			City & State			l '				·
Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	-	Zip	Coun	ntry	5. Certificate of	of Status Desired			
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		6.: Name and Addre	ss of Current !	Registered Agent			7Name and	Address of New Ro	gistered A	gent	<u> </u>
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	JOURDEN	NAIS STEVEN M			,	Name					
City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. INGNATURE Signature. Signature of registered agent and the 4 explicables (INCE Registered Agent signature insurant when reversating) After May 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 INE JOURDENAIS, STEVEN M INSINITATIONISS 13130 56TH COURT, SUITE 604 CLEARWATER, FL 337604018 INE JOURDENAIS, STEVEN M INSINITATIONISS CITY-ST-2P CLEARWATER, FL 337604018 INE JOURDENAIS, STEVEN M INSINITATIONISS CITY-ST-2P CLEARWATER, FL 337604018 INE JOURDENAIS, STEVEN M INSINITATIONISS CITY-ST-2P INE JOURDENAIS, STEVEN M INSINITATIONISS CITY-ST-2P CLEARWATER, FL 337604018 INSINITATIONISS CITY-ST-2P INE JOURDENAIS, STEVEN M INSINITATIONISS CITY-ST-2P CLEARWATER, FL 337604018 INSINITATIONISS CITY-ST-2P INE JOURDENAIS, STEVEN M JOURD	13130 56TH COURT, SUITE 604					Street Address (P.O. Box Number is Not Acceptable)					
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Comparison		,			, .	City				Zin Code	. ·
The obligations of registered agent. IGNATURE										<u> </u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D				r the purpose of changing it	s register	ed office or registe	red agent, or both	n, in the State of Flor	ida. Iam f	amiliar with,	and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 O. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE DOUNT BETWEEN MICHAEL R 13130 56TH COURT, SUITE 604 CITY-ST-ZP CLEARWATER, FL 337604018 THE DOUNT STATE CLEARWATER, FL 337604018 THE MAKE STREET ADDRESS CITY-ST-ZIP	SIGNATURE.	Signature, hyperical period name	od recietored ecent	and title if applicable (AIC)	TE: Coniston	d American services					
ARTOR May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees O. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE D JOURDENAIS, STEVEN M NAME ANME ANME ANME Addition TILE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE ADDITIONS/CHANGES TO OFFICE ADDITIONS AND THE	e e	Signature, typed or printed harne	or registered agent a	und tibe if applicable. (NU	E: Hegistere	d Agent signature required	when reinstating)		DATE		•
THE DOURDENAIS, STEVEN M Delete ITTLE MAME	FIL After M	E NOW!!! FEE IS ! ay 1, 2004 Fee wil	\$150.00 II be \$550.(· · ·	~		.00 May Be ed to Fees			٠,	
MRET ADDRESS INFECT A	10.	0	FFICERS AND	DIRECTORS	11.	•	ADDITIONS/C	CHANGES TO OFFI	CERS AND	DIRECTOR	\$ IN 11
INCEST ADDRESS INTY-ST-ZP CLEARWATER, FL 337604018 INTY-ST-ZP CLEARWATER, FL 337604018 INTY-ST-ZP CLEARWATER, FL 337604018 INTY-ST-ZP CLEARWATER, FL 337604018 INTY-ST-ZP INTY-ST-ZP CLEARWATER, FL 337604018 INTY-ST-ZP CLEARWATER, FL 337604018 INTY-ST-ZP INTERET ADDRESS INTY-ST-ZP INTER	TITLE .	1 =		☐ Delete		·				Change,	Addition
MAKE MAKE MAKE MAKE MAKE MAKE MAKE MAKE	NAME STREET ADORESS	13130 56TH COURT									_
MCALLISTER, MICHAEL R IREET ADDRESS ITY-ST-ZIP CLEARWATER, FL 337604018 CLEARWATER, FL 337604018 CLEARWATER, FL 337604018 CITY-ST-ZIP TITLE MAME IREET ADDRESS ITY-ST-ZIP TITLE MAME REET ADDRESS ITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CI			337604018								
CITY-ST-ZIP CLEARWATER, FL 337604018 CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP Z. 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 true and accurate and that my signature shall have the same legal effect as it-made under-oath; that I here 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 80ck 11 if	TITLE		337604018		CITY	-ST-ZIP				Channe	_
AME TREET ADDRESS TITY-ST-ZIP TILE AME TREET ADDRESS TREE	TITLE NAME	D MCALLISTER, MICH	HAEL R	Delete	CITY TITLE NAM	-ST-ZIP E				☐ Change	_
STREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE AME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE AME STREET ADDRESS CITY-ST-ZIP Z. 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 true and accurate and that my, signature shall have the same legal effect as if-made under-oath; that it-arm-an-officer-or-director-of-the-corporation or the receiver or trustee emprowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 10	TITLE	D MCALLISTER, MICH 13130 56TH COURT	HAEL R T, SUITE 604	Delete	CITY TITLE NAM STRE	- ST-ZIP E IE EET ADORESS			i. 2 2	☐ Change	_
ITLE Delete TITLE Change Addition AME NAME STREET ADDRESS ITY-ST-ZIP TILE Change Addition AME NAME STREET ADDRESS ITY-ST-ZIP TILE Change Addition AME NAME Change Addition AME NAME ITTLE Delete TITLE Change Addition AME NAME ITTLE NAME Change Addition AME NAME ITTLE Delete TITLE Change Addition AME NAME ITTLE Delete TITLE Change Addition AME NAME ITTLE NAME Change Addition AME ITTLE Change Addition AME NAME ITTLE NAME Change Addition AME NAME ITTLE NAME Change Addition Addition NAME Change Addition Addition NAME NAME ITTLE NAME NAME I	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D MCALLISTER, MICH 13130 56TH COURT	HAEL R T, SUITE 604	Delete .	TITLE NAM STRE CITY	-ST-ZIP E EET ADDRESS -ST-ZIP E					Addition
AME REET ADDRESS ITY-ST-ZIP TILE AME REET ADDRESS TREET A	TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	D MCALLISTER, MICH 13130 56TH COURT	HAEL R T, SUITE 604	Delete .	CITY TITLE NAM STRE CITY TITLE	-ST-ZIP E EET ADDRESS -ST-ZIP E		ي ي			Addition
STREET ADDRESS ITY-ST-ZIP TILE AME AME AME AME TREET ADDRESS TY-ST-ZIP TILE Delete TITLE TILE AME STREET ADDRESS CITY-ST-ZIP TILE Delete TITLE T	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCALLISTER, MICH 13130 56TH COURT	HAEL R T, SUITE 604	Delete .	CITY TITLE NAM STRE CITY TITLE NAM STRE	-ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS					Addition
CITY-ST-ZIP Change Addition Ad	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D MCALLISTER, MICH 13130 56TH COURT	HAEL R T, SUITE 604	Delete	CITY TITLE NAM STRE CITY TITLE NAM STRE CITY	-ST-ZIP E EEE ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP				Change	☐ Addition
AME IREET ADDRESS STREET ADDRESS CITY-ST-ZIP ITLE AME AME AME AME AME AME AME A	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D MCALLISTER, MICH 13130 56TH COURT	HAEL R T, SUITE 604	Delete	CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM	-ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EE				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TILE AME IRRET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP Addition NAME STREET ADDRESS CITY-ST-ZIP 2. 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 true and accurate and that my signature shall have the same legal effect as if-made under-oath; theti-em-en 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCALLISTER, MICH 13130 56TH COURT	HAEL R T, SUITE 604	Delete	CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE STRE	-ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS				Change	☐ Addition
TITLE AME IRRET ADDRESS ITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHAnge Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CON AND CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP CON STREET ADDRESS CITY-ST-ZIP CHANGE CHANGE ADDRESS CITY-ST-ZIP CHANGE ADDRESS CITY-ST-ZIP CHANGE CHANGE ADDRESS CITY-ST-ZIP CHANGE CHANGE ADDRESS CITY-ST-ZIP CHANGE CHANGE ADDRESS CITY-ST-ZIP CHANGE	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D MCALLISTER, MICH 13130 56TH COURT	HAEL R T, SUITE 604	Delete Delete Delete	CITY TITLE NAM STRE CITY	-ST-ZIP E E E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E	1			Change	Addition Addition
AME RREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 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 true and accurate and that my signature shall have the same legal effect as if made under oath; that Hernen 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 in	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D MCALLISTER, MICH 13130 56TH COURT	HAEL R T, SUITE 604	Delete Delete Delete	CITY TITLE NAM STRE CITY	- ST-ZIP E E E E E E E E E E E E E	1			Change	Addition Addition
STREET ADDRESS ITY-ST-ZIP 2. 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 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 in Block	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCALLISTER, MICH 13130 56TH COURT	HAEL R T, SUITE 604	Delete Delete Delete	CITY TITLE NAM STRE CITY	E ST-ZIP E SIE SEET ADDRESS - ST-ZIP E SIE SEET ADDRESS				Change	Addition Addition
2. 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 true and accurate and that my signature shall have the same legal effect as if made under oath; that Fam 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE NAME TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	D MCALLISTER, MICH 13130 56TH COURT	HAEL R T, SUITE 604	Delete Delete Delete	CITY TITLE NAM STRE CITY	-ST-ZIP E IIE SET ADDRESS -ST-ZIP E SET ADDRESS -ST-ZIP E SET ADDRESS -ST-ZIP E SET ADDRESS -ST-ZIP E SET ADDRESS -ST-ZIP		- Ja		Change Change Change	Addition Addition Addition
2. 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 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME	D MCALLISTER, MICH 13130 56TH COURT	HAEL R T, SUITE 604	Delete Delete Delete	CITY TITLE NAM STRE CITY	E-ST-ZIP E E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS	1			Change Change Change	Addition Addition Addition
"" 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D MCALLISTER, MICH 13130 56TH COURT	HAEL R T, SUITE 604	Delete Delete Delete	CITY TITLE NAM STRE CITY	-ST-ZIP E E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS	1			Change Change	Addition Addition Addition
changed or on an ettachment with an address, with all other like empowered	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CITY-ST-ZIP	D MCALLISTER, MICH 13130 56TH COURT CLEARWATER, FL	HAEL R T, SUITE 604 337604018	Delete Delete Delete Delete	CITY TITLE NAM STRE CITY	-ST-ZIP E IIE IEE SET ADDRESS -ST-ZIP E IEE IEE IEE IEE IEE IEE IE	action 119.07/3\(\frac{1}{3}\)	, Florida Statutes I		Change Change Change	Addition Addition Addition Addition
ordinged, or or ar attack with an address, with an open line empowered.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAM	D MCALLISTER, MICH 13130 56TH COURT CLEARWATER, FL certify that the information of only the report or, supplier reportation or the receiver.	HAEL R T, SUITE 604 337604018 In supplied with mental report for trustee or the supplied with mental report is a supplied with mental report in the supplied with mental report is a supplied with mental report in the supplied with mental report in the supplied with mental report is a supplied with mental report in the supplied with mental report is a supplied with mental report in the supplied with mental report is a supplied with mental report in the supplied with mental report is a suppli	Delete Delete Delete Delete Delete Delete	CITY NAM STRE CITY TITLE TITLE NAM STRE CITY TITLE TITLE TITLE NAM STRE CITY TITLE T	-ST-ZIP E IE IE IE IET ADDRESS -ST-ZIP E IE IET ADDRESS -ST-ZIP IE IE IET ADDRESS -ST-ZIP IE IE IET ADDRESS -ST-ZIP IE IET ADDRESS -ST-ZIP	ection 119.07(3)(i)same logal effects	Florida Statutes. I as if-made under-o	further cert	Change Change Change	Addition Addition Addition Addition
SIGNATURE: BILLIANY PRESIDENT / OILECTOR /3/15/04 5/27-592-0303	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE TITLE NAME TITLE TITLE NAME TITLE TITL	D MCALLISTER, MICH 13130 56TH COURT CLEARWATER, FL certify that the information of only the report or, supplier reportation or the receiver.	HAEL R T, SUITE 604 337604018 In supplied with mental report for trustee or the supplied with mental report is a supplied with mental report in the supplied with mental report is a supplied with mental report in the supplied with mental report in the supplied with mental report is a supplied with mental report in the supplied with mental report is a supplied with mental report in the supplied with mental report is a supplied with mental report in the supplied with mental report is a suppli	Delete Delete Delete Delete Delete Delete	CITY TITLE NAM STRE CITY T	-ST-ZIP E IE IE IE IET ADDRESS -ST-ZIP IE IET ADDRESS -ST-ZIP IE IET ADDRESS -ST-ZIP IE IET ADDRESS -ST-ZIP IET ADDRESS -ST	7, Florida Statutes	and that my name	further cert ath; that I a appears ir	Change Change Change Change	Addition Addition Addition Addition Addition