

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90063 001 *6,300.00

66413392



01202004 Chg-P CR2E034 (10/03)

4. FEI Number **52-2165521** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301-0000

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | BENNETT, BRADLEY | |
| STREET ADDRESS | 910 RIDGEBROOK ROAD | |
| CITY-ST-ZIP | SPARKS, MD 21152 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | LORD, RONALD | |
| STREET ADDRESS | 910 RIDGEBROOK ROAD | |
| CITY-ST-ZIP | SPARKS, MD 21152 | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | HELLER, JOHN | |
| STREET ADDRESS | 910 RIDGEBROOK RD | |
| CITY-ST-ZIP | SPARKS GLENCOE, MD 21152 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | WARLOW, MELISSA | |
| STREET ADDRESS | 910 RIDGEBROOK RD | |
| CITY-ST-ZIP | SPARKS GLENCOE, MD 21152 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | BOX, MATTHEW | |
| STREET ADDRESS | 910 RIDGEBROOK RD | |
| CITY-ST-ZIP | SPARKS GLENCOE, MD 21152 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------|--|
| TITLE | PSTD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Harry Grunsten | |
| STREET ADDRESS | 920 Ridgebrook Road | |
| CITY-ST-ZIP | Sparks, MD 21152 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 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: 947 m. Grunsten, Pres. 2-23-04 (410) 773-2114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #