2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mailing Authors Store Author Auth	DOCUMENT # P99000052662 1. Entity Name ESSENCE OF CITRUS HILLS, INC.						Mar 10, 2004 08:00 AM Secretary of State	
RERNANDO FL. 34442 HERNANDO FL. 34442	Principal Plac	e of Business	Mailing Address			1		
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City & State Ci	2. Principal F	Place of Business	3. Mailing Address					
Sp. 359,355,56 Northerpolicy Zop Country Zop Country Sp. Certificate of Status Departed Sp. 75, Additional Pre-Pre-Pre-Pre-Pre-Pre-Pre-Pre-Pre-Pre-	Suite, Apt	#, etc.	Suite, Apt. #, etc.			MOORE CR2E034 (11/03)		
Country	City & Stat	e	City & State		4. 1	E0-3E83EEE		
MACAISA_JOSEFINA 3SO E. NORVELL BRYANT HWY. HERNANDO FL 34442 8. The above named entity submits this statement for the purpose of changing its registered agent content of registered agent. 9. City FL Zip Code City FL Zip Code Only FL Zip Code Only FL Zip Code Only FL Zip Code 1 the obligations of registered agent. 9. Election Campaign Financing Campaign Financing December 1997 1997 1997 1997 1997 1997 1997 199	Zιρ	Country	Zıp	Country	5. Cerblicate of Status Desired \$8.75 Additional			
### Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent	·				
Street Accrees (P.O. Box Number is Not Acceptable) City FL Zip Code				í	Name			
8. The above named entity submiss this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am harmliner with, and accept the obligators of registered agent. SIGNATURE SIGNATU	350	E. NORVELL BRYANT HWY	' .	5	Street Address (P.O. Box Number is Not Acceptable)			
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Ploida. I am familiar with, and accept the obligations of registered agent. Signature Signature injude or peried name of registered agent Mark Ma								
SIGNATURE Signature liqued or peried raise of registered agent. (NOTE Registered Agent signature required when reloations) DATE				(City		FL Zip Code	
Sympater Mynd or present ancer of segreted agreement of state Stat	8. The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered o	office or registe	red ag	gent, or both, in the State of Florida. I am familiar with, and accep	
After May 1, 2004 Fee will be \$550,00 May Be Addition Make Check Payable to Florida Department of State 9. Electron Campalqin Financing	SIGNATURE.	Signature typed or primed name of registered agont a	and title if applicable (NOTE	E. Registered Ag	gent signature require	d when re	elastating) DATE	
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D MACAISA, JOSEFINA STREET ADDRESS 250 E. NORVELL BRYANT HWY. HERNANDO FL 34442 TITLE D CACCAC, FE J STATE STREET ADDRESS 250 E. NORVELL BRYANT HWY. HERNANDO FL 34442 TITLE CACCAC, FE J STATE STREET ADDRESS 250 E. NORVELL BRYANT HWY. HERNANDO FL 34442 TITLE RINANDO FL 34442	Afte	r May 1, 2004 Fee will be \$550.00	State					
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Let Thereby certify that the information supplied with this flag does not quality 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: __

AM OLC

3/8-2004 352.527,6747

FILED