

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90114 026 \*\*\*150.00

44047025



07012004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3594177 Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

HENDERSON, DAVID D  
1820 S FLORIDA AVE  
LAKE LAND, FL 33803

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
302 S. Massachusetts Ave., #223  
City LAKE LAND FL Zip Code 33801

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 David D. Henderson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/1/04

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HENDERSON, DAVID D	
STREET ADDRESS	1820 S FLORIDA AVE	
CITY-ST-ZIP	LAKE LAND, FL 33803	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PETCOFF, THOMAS S	
STREET ADDRESS	1820 S FLORIDA AVE	
CITY-ST-ZIP	LAKE LAND, FL 33803	
TITLE	D	<input type="checkbox"/> Delete
NAME	LILLY, KENT	
STREET ADDRESS	1820 S FLORIDA AVE	
CITY-ST-ZIP	LAKE LAND, FL 33803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	302 S. Massachusetts Ave., #223
STREET ADDRESS	LAKE LAND, FL 33801
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. Box 2007
STREET ADDRESS	LAKE LAND, FL 33806
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800 S. Florida Ave.
STREET ADDRESS	LAKE LAND, FL 33801
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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/04

Date

Daytime Phone #

(863) 686-9336