2004 FOR PROFIT CORPORATION

FILED May 03, 2004 8:00 am Secretary of State

ANNUAL REPORT				_	Secretary of State			
1. Entity Nam	MENT # P990000934			05-03-2004	91018 021 **	*150.00		
DESCRITOR EL GAGGO		10. Box	2145 1		9408158	MIN NO INC. 11 14 14 14 14 14 14 14 14 14 14 14 14		
DO NOT WRITE IN THIS SPA			CE	02112004 4. FEI Numb 65-095	No Chg-P	CR2E034 (10/	Applied For Not Applicable	
	6. Name and Address of Current Re	gistered Agent]					
MCWILLIAMS, LOUISE R 3318 ISLAND DATE CIRCLE SARASOTA, FL 34232			DO NOT WRITE IN THIS SPACE					
8. The above named entity submits this statement for the purpose of changing its registered the obligations of edistered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent and title if applicable.						rida. I am familiar		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				5.00 May Be ided to Fees				
10.	OFFICERS AND DII	HECTORS /	4					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D RYPEL, DANIEL 6111 15TH STREET BRANDENTON, FL 34203 D							
NAME STREET ADDRESS CITY-ST-ZIP	MCWILLIAMS, ROBERT E 3318 ISLAND DATE CIRCLE SARASOTA, FL 34232							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCWILLIAMS, LOUISE R 3318 ISLAND DATE CIRCLE SARASOTA, FL 34232	<u> </u>	y an enhage **	. DO	NOT W	RITE	to Colomographical S	
NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SF	PACE		
TITLE NAME STREET ADDRESS								

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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TITLE NAME STREET ADDRESS