2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2004 08:00 AM Secretary of State

DOCUI 1. Entity Nam HITCHEN			Secretary of State			
Principal Place of Business 24761 US HWY 19 N, SUITE 630 CLEARWATER, FL 33763 Mailing Address 24761 US HWY 19 N, SUITE 6 CLEARWATER, FL 33763 CLEARWATER, FL 33763			30	(II (BY)# #1014 ##111 BUY) DE	H BBUR IBUR MUBIK INDI BURB INDIBUR INDIBU
C	OO NOT WRITE I	CE	04122004 4. FEI Numb 59-361	No Chg-P	CR2E034 (10/03) Applied For Not Applicab \$8.75 Additional Fee Required	
	6. Name and Address of Current Regi	stered Agent				
24761 US CLEARWA	S, LEVIN P HWY 19 N, SUITE 630 ATER, FL 33763	DO NOT WRITE IN THIS SPACE				
8. The above the obligat SIGNATURE.	named entity submits this statement for the lons of registered agent. Signature, typed or printed name of registered agent and title		ad office or registe		oth, in the State of Fk	orida. I am familiar with, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing \$5	.00 May Be led to Fees		
10.	OFFICERS AND DIRE	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HITCHENS, 24761 US HWY 19 N, SUITE 630 CLEARWATER, FL 33763				.000000 04/28/04-6	134653 30028-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			DO NOT WRITE IN THIS SPACE			
CITY-ST-ZIP TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling 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 supplementarreport 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 of 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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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