2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004, 08:00 AN Secretary of State

863-299-9658 Daytime Phone #

H-58-04

ANNOAL REPORT					Secretary of State		
1. Entity Nan	MENT # S35733 PRNETT, INC.				Secreta	ry of State	
Principal Plac	e of Business	Mailing Address					
955 KERRY	DRIVE	955 KERRY DRIVE					
SEBRING, FL	. 33875	SEBRING, FL 33875					
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DO NOT WRITE IN THIS SPAC				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	04292004 No Chg-P CR2E034 (10/03)		
			ĊF		<u>-</u>		
			-	4. FEI Numb 59-305		Applied For	
				39-300		Not Applicable	
· 			VISE as seems water made	5. Certificate		\$8.75 Additional Fee Required	
	6. Name and Address of Current Re	egistered Agent		-			
CORNETT, JACKEY				DO	NOT WRITE		
955 KERRY DRIVE			DO NOT WHILE				
SEBRING, FL 33875			IN THIS SPACE				
				11.4	IIIIO OLACE	•	
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	Hilling if appolicable (NOTE Stationary	or Appel signature com	ulred when reinstating)	DATE	·	
		3 TO 10 TO 1	- Sent signature rect	on equimient entered by	# ± .	<u> </u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			noing	55.00 May Be Added to Fees			
10.	OFFICERS AND D	IRECTORS					
TITLE	DP						
NAME	CORNETT, JACKEY H.						
STREET ADDRESS	239 LAKE THOMAS DR		1		1 1-50-50-50-50 to the second second		
CITY-ST-ZIP	WINTER HAVEN, FL				U00000151707 05/04/04-80056-		
TITLE	VP		1		135/04/04-80056-	024 150.00	
NAME	CORNETT, CAREY						
STREET ADDRESS	239 LAKE THOMAS DR						
CITY-ST-ZIP	WINTER HAVEN, FL	entra a la propria de la compa	I				
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TITLE			1				
NAME			1				
STREET ADDRESS							
CITY-ST-ZIP			Į.				
12. I hereby d	certify that the information supplied with the	is filing does not qualify for the exe	mption stated in	Section 119.07(3)	(i), Florida Statutes, I further cert	ify that the information	
indicated	certify that the information supplied with the on this report or supplemental report is transfer or the report of	ue and accurate and that my signal	ture shall have th	ne same legal elfe	of as if made under oath; that I a	m an officer or director	
of the corporation or the regeiver or trustee empayered 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.							
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: