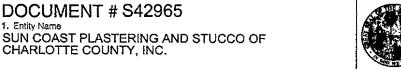
2004 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # S42965 1. Entity Name

5. Name and Address of Current Registered Agent

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

FILED Feb 20, 2004 08:00 AM Secretary of State



Principal Place of Business

Mailing Address

417 COOPER ST

PUNTA GORDA, FL 33950 US PO BOX DRAWER 511447

PUNTA GORDA, FL 33951

US



01072004 No Chg-P CR	CR2E034 (10/	R2E034 (10/03)	
	_	Applied For	
	er 53161		

Not Applicable \$8.75 Additional

5. Certificate of Status Desired

IN THIS SPACE

Fee Required

		• •
(OII	ום	O NOT WRIT

HACKETT, JACK 99 NESBIT STREET PUNTA GORDA, FL 33950

8.	. The above named entity submits this statement for the purpose of changing its registered	office or registered agent, or both, in the St	ate of Florida. I arr	familiar with, and accept
	the chilipations of registered agent	• • • • • • • • • • • • • • • • • • • •		•

SIGNATURE

(NOTE, Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

9. Election Campaign Financing

\$5.00 May Be Added to Fees

DATE

U000000059017

After M	ay 1, 2004 Fee will be \$550.00	Trust Fund Contribution.	
10.	OFFICERS AND DIREC	TORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOWE JAMES R 5335 SW SENATE STREET ARCADIA, FL 34266	· <u>-</u>	
DTLE NAME STREET ADDRESS CITY-ST-ZIP	VT LOWE DIANE 5335 SW SENATE STREET ARCADIA, FL 34266		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			 "

DO NOT WRITE IN THIS SPACE

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 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR