## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # S70319 ON ENTERPRISES, INC.			'	04-29-200	•			
Principal Place of Business Mailing Address				<u> </u>					
5430 PROCT SARASOTA, F	5430 PROCTOR ROAD SARASOTA, FL 34233			140	14002	•	`		
3,1300,14,12,0,1200					( 1940) 4 ( 10 ) 10		Albir sikil bibik b	KINIA WINSI NINI	FS EL (1 1661
2. Principal P	ace of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02122004	Chg-P	CR2E034	l (10/03)	
City & State		City & State			4. FEI Number 65-02865	505			plied For t Applicable
Zip	Country	Zip	Coun	try	5. Certificate of	Status Desired		8.75 Add	itional
6. Name and Address of Current Registered Agent			<del></del> _	7. Name and Address of New Registered Agent					
				Name					
STRODE, WILLIAM C. 1819 MAIN STREET			Street Address (P.O. Box Number is Not Acceptable)						
SUITE 110 SARASOT	0 A, FL 34236								
				City FL Zip Code					
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 Signature, typad or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
No. 1 Control of the									
. FILI	E NOW!!! FEE IS \$150.00 by 1, 2004 Fee will be \$550.0	9. Election Campaig n Trust Fund Contri		, +	.00 May Be ed to Fees		,	FT cyalde	
2.00 E. 100	1								i i elebera
10.	1 100			· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE:". Name	ALBRITON LAURA	Delete	TITL				L	Change	☐ Addition
STREET ADDRESS	5430 PROCTOR ROAD			ET ADDRESS					
CITY-ST-ZIP	SARASOTA FL 34233		CITY	- ST- ZIP					
TITLE	VPD	☐ Delete	TITL	E _			[	Change	☐ Addition
NAME	ALBRITTON, JOHN B		NAM	/					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS					
*****	SARASOTA, FL. 34230	<b></b>	-	-ST-ZIP				÷1 a	
NAME -	ALBRITTON, MARY M	Delete	TITL		در بادر جمدیت د	يداعده المحا		Change	Addition
STREET ADDRESS	5430 PROCTOR ROAD			ET ADDRESS					
CITY-ST-ZIP	SARÁSOTÁ, FL		CITY	-ST-ZIP					
TITLE	PTSD	Delete	TITL				[	Change	☐ Addition
NAME STREET ADDRESS	ALBRITTON, GWEN M 5430 PROCTOR RD.		NAM	ET ADORESS					
CITY-ST-ZIP	SARASOTA, FL 34230			-ST-ZIP		•			}
TITLE A	,	☐ Delete	TITL			•		Change	☐ Addition
NAME			NAM	<b>I</b>			-		
CITY-ST-ZIP				ET ADDRESS	_ <del>1</del> 62				
TILL 1	PROCESSOR PROPERTY OF A STATE OF THE STATE O	I.S. Delete Courter		/~   · · · ·	titu Nayko atta Tens		[	Change	Addition
NAME - STREET ADDRESS	ment in any assumentage and all a large or support that a support has a set of the con-	Ex 100 - 100 of management		ET ADDRESS.	E SHOW !				
CITY ST-ZIP	y indicated photogram and the angle broken in those particles and the second	area padata a tenjar	_	-ST-ZIP (C.off) is acid to se	PS Trabality against	referencement of the decomposition of	».I		*****
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.									