## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 05, 2004 8:00 am Secretary of State

	AIIIVAL	ILLI VILI			DCCI C	iary or k	race
1. Entity Nam	MENT # S87103 ECH, INC.				04-05-200	04 90074 003 ***	158.75
Principal Plac	e of Business	Mailing Address				J4U446	4 B
2620 HUNT		PO BOX 274128 TAMPA, FL 33688 US	5	) ( <b>1 F</b> 11 <b>1</b> 1 )	II LIM MRY KAN PRIF		
2. Principal P	face of Business	3. Mailing Address					
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		03262004	Chg-P	CR2E034 (10/6	)3)
City & Stat	e	City & State		4. FEI Numb 59-309			Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificati	e of Status Desired	\$8.75 Fee Req	Additional
	6. Name and Address of Current F	Registered Agent		7. Name an	d Address of Nev	v Registered Agent	
BRODRICK, RON				rick, Ron	or in that Append	bla	
. 18639 AVI LUTZ, FL	ENUE GAPRI 33549		Sueet Aut	Tress (F.O. DOX (40))	ASI IS INCLASCEDE		
20.2,12	00040		19105	Merry Lan	2		
			City			FL Zp	Code
8 The above	named entity submits this statement for	the purpose of changing its re	ristered office or re	eristered agent, or h	oth in the State of		ith and accent
	tions of registerer agent.	The purposed or distriguing no is	ganorae omas or re	og.acoca agori, o. o.			min, cirio doopin
PICNATURE	X HZIS	= eou	BROODE	IUK_	3.30	04	
SIGNATURE Signature, typed or profed name of regisfered agent and talle if applicable. (NOTE: Regisfered Agent signature required when remutating)  DATE							
FIL After M	E NOW!!! FEE IS \$150.00 • ay 1, 2004 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees			
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS	/CHANGES TO C	FFICERS AND DIRECT	ORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROADRICK, RON 48639 AVENUE CAPRI- LUTZ, FL 33549	· 🗋 Delde	TITLE NAME STREET ADDRESS 1 CITY-ST-7IP	9105 Merry	Lane	<b>⊠</b> Char	ge 🔲 Addition
TITLE	DV	☐ Dalete	TITLE			☐ Chan	ge [] Addition
NAME	BROADRICK, LEWIS		NAME				
STREET ADDRESS Tony-st-zip	18305 BITTERN AVE LÜTZ, FL 33549		STREET AUCRESS CHY-ST-ZIP				
TITLE		Delete	TITLE			Chan	ge 🔲 Addition
NAME Street Address			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Char	ge 🔲 Addition
NAME STREET ADDRESS			name Street address				
City-ST-ZIP			GHY-SI-ZIP				
TITLE		☐ Delete	TITLE			Chan	ge 🔲 Addilion
NAME		C.J. Court	NAME				J
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	I	C1 - 1.	TITLE			☐ Chan	ge 🔲 Addition
		Delate				L Giles	
NAME STREET ADDRESS		L_J Deide	NAME			L) Glas	
NAME STREET ADDRESS CITY-ST-ZIP		L.) Detate					

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:	HAS I	2001 BROADEIC	× 3.31.09	
	AND TYPED OR PRINTED NAME OF SIGNING		Date	Daytime Phone #
ن - د خنیس <i>ه استه - بنا حبیست<del>ان دین</del></i>	عالت السائد السائد السائد السائد السائد	ಕ್ಷಾರ್ಚ್ ಬಿಕ್ಕಾರ್ ಕಟ್ಟಿಕ	رزايته المحتدات والأسيني الم	سيون والرازي والمستوادة والمتاطعة