2004 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT					Feb 27, 2004_0	8;00[A]
1. Entity Name	MENT # S95394				Secretary of	State
137 IRON AVE, BOX 2237 137 IRON AVE		Mailing Address C/O ROBERT V. KLOPFER 137 IRON AVE, BOX 2237 DOVER, OH 44622 US				
D	O NOT WRITE I	CE	02232004 No Chg-P CR2E034 (10/03) 4. FEI Number			
6. Name and Address of Current Registered Agent POPE, JOHN F. 717 12TH STREET WEST BRADENTON, FL 34205					OT WRITE	
the obligati	named entity submits this statement for the lons of registered agent. Signature, typed or printed name of registered agent and till E NOW!!! FEE IS \$150.00		ad Agent signature required		the State of Florida. I am familiar	with, and accept
	ny 1, 2004 Fee will be \$550.00	Trust Fund Contribution.	Àdd	led to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ILE DPT IME KLOPFER, ROBERT V. REET ADDRESS 137 IRON AVENUE DOVER, OH DOVER, OH		000000068522 02/27/04-80045-003 150.00			
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NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

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 allyother like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RVAM V. KLOPFE

Daytime Phone #