2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2004 08:00 AM Secretary of State

ANNUAL REPURI					Sagre	etary of State
DOCUM	1ENT # V06696				Secre	cary of State
1. Entity Name	ERT SALES CO.			E 		
KON GILD	ENT SALES CO.	_				
			999			
Principal Place		Mailing Address		}		
13930 HAMLIN WEST PALM BE	N BLVD EACH, FL 33412	13930 HAMLIN BLVD WEST PALM BEACH, FL 33412	2			
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	O MOT MOTE	^-	01202004	No Chg-P C	R2E034 (10/03)	
יט	O NOT WRITE	CE	4. FEI Numb		Applied For	
				65-030		Not Applicable
	The second secon			5 Certificate	of Status Desired	\$8.75 Additional Fee Required
<u></u>	6. Name and Address of Current Re	gistered Agent				
GILBERT, R	RONALD		DO	NOT WRI	T	
13930 HAMLIN BLVD WEST PALM BEACH, FL 33412						
				IN	THIS SPA	CE
[<u> </u>			
8. The above no	amed entity submits this statement for the ns of registered agent.	ne purpose of changing its register	ed office or registe	red agent, or bo	oth, in the State of Florida.	I am familiar with, and accept
the obligation	ns or registered agent.					
SIGNATURE	ignature, typed or printed name of registered agent and	title it applicable (NOTE Registere	ed Agent signature required	i when reinstating)		DATE
FILE NOW! LEE IS \$150.00 9. Election Campaign Final			neina ¢ E	00		
After May	NOW!!! FEE \$ \$150.00 y 1, 2004 Fee will be \$550.00	1		.00 May Be led to Fees	19000000U	5676 <u>047–020 (50 00</u>
10.	OFFICERS AND DI	RECTORS			1 112/25/114-80	043-030 120°00
	P					
	GILBERT, RONALD 13930 HAMLIN BLVD					
1	WEST PALM BEACH, FL 33412					
	ST	<u> </u>			***	
	GILBERT, MARY 13930 HAMLIN BLVD					
	WEST PALM BEACH, FL 33412					
TITLE			1			
NAME STREET ADDRESS						
GITY-ST-ZIP				DO	NOT WR	
TITLE			IN THIS SPACE			
NAME STREET ADDRESS]	417	HINO OF M	<u>-</u>
CITY-ST-ZIP						
TITLE		· · · ·				
NAME expert address						
STREET ADORESS CITY-ST-ZIP						
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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 of 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 emplowered 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: _

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

110/04 561-3