2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 18, 2004 08:00 AM **Secretary of State DOCUMENT # V26080** GAUSE & ASSOCIATES, P.A. Principal Place of Business Mailing Address 2201 CANTU COURT 2201 CANTU COURT # 104 # 104 SARASOTA, FL 34232 US SARASOTA, FL 34232 US 02292004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0324180 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GAUSE JR, W PEYTON DO NOT WRITE 2201 CANTU COURT **STE 104** - IN THIS SPACE SARASOTA, FL 34232 3. 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature regulated when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U00000091586 Trust Fund Contribution. 03/18/04-80015-014 150.00 10. OFFICERS AND DIRECTORS TITLE GAUSE, W. PEYTON JR. NAME STREET ADDRESS 2201 CANTU COURT STE 104 City-St-Zip SARASOTA, FL TITLE NAME STREET ADDRESS CITY-SI-ZIP 7373 F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-ST-ZIP mle

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 or an attachment with graddress, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Perton Gausel

FILED