## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mailing Address

## DOCUMENT # F93000002959

1. Entity Name

P.O. BOX 227

Principal Place of Business

GAMBRILLS MD 21054

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

10.

TITLE

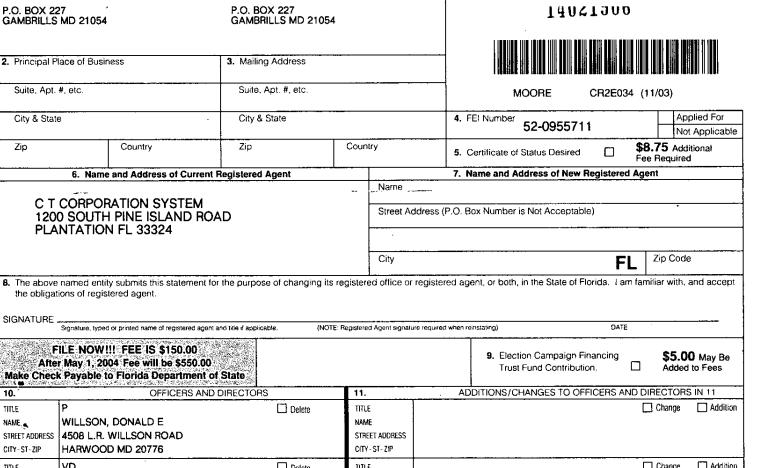
SIGNATURE

L. R. WILLSON & SONS, INC.



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

05-05-2004 90237 044 \*\*\*150.00



NAME. WILLSON, DONALD E 4508 L.R. WILLSON ROAD STREET ADDRESS HARWOOD MD 20776 CITY-ST-ZIP VD ☐ Change ☐ Addition TITLE ☐ Delete TITL F WILLSON, JAMES L NAME NAME STREET ADDRESS 1342 WASHINGTON DRIVE STREET ADDRESS ANNAPOLIS MD 21403 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE STD NAME SHARP, MARY-E -STREET ADDRESS 4644 MUDDY CREEK ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HARWOOD MD 20776 ☐ Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR