2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # N00000007308 ERGY, INC.						0080 049 ****6	
Principal Plac 312 PELHAN FT WALTON I	1 ROAD PO	ng Address BOX 4214 WALTON BEACH, FL 3	32549					
2. Principal P Suite, Apt.	155 Avenus SW P.	ailing Address . Pox 16 suite, Apt. #, etc.	බ්		04400004		CR2E037 (10/03)	
Zip	uton Beach, Florida Fo	City & State *** Nalton B ip	each, Flo	brida.	 FEI Number 59-367632 Certificate of State 		\$8.75 Add	
3954		9549	<u> 45</u>				Fee Require	d
	6. Name and Address of Current Registe	red Agent	Name		7. Name and Add	ress of New Heg	istered Agent	
BOLDIN, L 804 FORE MARY ES				Address (P	.O. Box Number is h	Not Acceptable)	,	
مر	·		City		<		FL Zip Code	е
8. The above the obligate SIGNATURE .	named entity submits this statement for the purions of registered agent. Signature, typed or printed name of registered agent and title if a			-	d agent, or both, in	the State of Florid		and accept
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Cor			\$5.00 May Be Added to Fees		e check payable to a Department of St	
10.	OFFICERS AND DIRECTOR	S	11.			S TO OFFICERS	AND DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BOLDIN, LARRY 804 FOREST COVE COURT MARY ESTHER, FL 32569	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1181	nanan, Air Noodbine Walton Be	. Circle	□ Change dq. 33548	★ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MACK, LIN A 703 OVERBROOK DR.	☐ Delete	TITLE NAME STREET ADDRESS	190 704 D	ham, DeA 3 Zoe Ci	indre Ircle	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PATRICK, LISA 296 ECHO CIRCLE FT WALTON BEACH, FL 32548	⊠ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bok Bok	din, Jene Forest Co	H ove Court	☐ Change	★ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JACKSON, JESSIE M 9 11TH STREET SHALIMAR, FL 32579	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mer 1971	ive ather Chesapea	, Stephe We Ridge	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRY, GREGORY 123 PALMETTO AVE MARY ESTHER, FL 32569	C. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D7 Wy0	th Valeria H Hunter	e s Path	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby o	D WYATT, VALERIE 2811-3 BRADFORD PLACE FT WALTON BEACH, FL 32547 Sertify that the information supplied with this filing this send or supplied with the solution of the send of	Delete g does not qualify for the	TITLE NAME STREET ADDRESS CITY-ST-ZIP ne exemption sta	D Patr 296	ich, Lisa Echo Cire Unton Boo	ر <u>دار 13</u> 3	- Ø Change	Addition

12. I nereby 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 617, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14:1AN 04

(855)863 389

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2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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1. Entity Nam	MENT # N00000007	308	NEW YORK						
Principal Plac 312 PELHAN FT WALTON I		Mailing Address PO BOX 4214 FT WALTON BEACH, FL	32549	OWE!		240	008	70	2
2. Principal P 34 G Suite, Apt.	Place of Business 1035 Avenue SW #, etc.	3. Mailing Address P.O. Box Ico Suite, Apt. #, etc.	බග		01132004 Cr	ıg-NP	CR2E037	(10/03)	
City & Stat	·	City & State Fort Wolltow? Zip	roch, Fl Country	ocida					plied For Applicable
7354		32549	üŚ		5. Certificate of Sta	atus Desired	~ Fe	e Required	l
	6. Name and Address of Current I				7. Name and Add	ress of New I	Registered Age	ent	1 1000
BOLDIN, L 804 FORE MARY ES			Nam Stre		P.O. Box Number is N	lot Acceptabl	le)		
	•		City					Zip Code	
							FL		
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered offic	e or register	ed agent, or both, in	the State of F	lorida. I am fam	niliar with, a	and accept
SIGNATURE	Signature, typed or printed name of registered agent a	ALOTE		1	*		DATE		
	Signature, typed or printed name of registered agent a	лотиве в аррисаріе. (NOTE	: Registered Agent s	equired	wrien reinstating)		DATE		
	Filing Fee is \$61.25	9. Election Cam	nnion Eineneir				Make check p	avable to	1 1
	Due by May 1, 2004	Trust Fund C		¹⁹ 🗆	\$5.00 May Be Added to Fees		rida Departm		
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