2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOC_UMENT # P96000073253	ANNUAL REPURI						Secretary of State					
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S. Certificate of Status Desired Five Required I. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent I. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent I. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent I. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent I. Name and Address (P.O. Box Number is Not Acceptable) I. Name and Address of New Registered Agent I. Name and Address (P.O. Box Number is Not Acceptable) I. Name and Address of New Registered Agent I. Name and Address of New Registered Agent I. Name and Address (P.O. Box Number is Not Acceptable) I. Name and Address of New Registered Agent I. Name and Address of New Registered	City & State		City & State									
Name Name N	Zip	Country	Zip	Country		5. Certificate of						
Street Address (P.O. Box Number is Not Acceptable)			Registered Agent			7. Name and	Address of New I	Registered Ag	jent			
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The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature. Treat or pertiad remote of registered agent agent and the flapplicable. PILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 11 ITIE AMME LAMPERT, WILLIAM ALAN 19145 SOUTH O'BRIEN ROAD GROVELAND, FL 34736 TITLE NAME SIREST ADDRESS CITY-ST-2P CHARGE Addition NAME SIREST ADDRESS CITY-ST-2P TITLE NAME SIREST ADDRESS CITY-ST-2P TITLE NAME SIREST ADDRESS CITY-ST-2P CHARGE Addition NAME SIREST ADDRESS CITY-ST-2P CHARGE Addition Addition	19145 SOUTH O'BRIEN ROAD			Street A	Street Address (P.O. Box Number is Not Acceptable)							
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Signature. Nyand or printed name of agreemed agoint and talled if applicable. NOTE Replication Campaign												
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12. Thereby 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

4-30-2004 352-241-050

Date Daytime Phone #