2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2004 8:00 am Secretary of State

ANNUAL REPORT				Secretary of State				
1. Entity Name	MENT # P980000278		04-19-2004 90318 022 ***158.75					
Principal Place of Business 3018 U.S. HIGHWAY 301 NORTH SUITE 100 TAMPA, FL 33619		Mailing Address 3018 U.S. HIGHWAY 301 NORTH SUITE 100 TAMPA, FL 33619 3. Mailing Address						
	ace of Business artin Luther King Jr. Blw	Luther King Jr	BLvd.	 				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062004	_Chg-P	CR2E034 (10/03)_	
City & State		City & State		4. FEI Numbe 59-3502			-	plied For Applicable
<u>Tamca, I</u> Zip	Country	Tampa, FL	Country		of Status Desired		75 Addi	itional
33603	6. Name and Address of Current R	33606	USA		Address of New Re		Required	l
TOLBERT, 3018 US H #100` TAMPA, FI	ROBERT D JR. WY 301 N.	Name Robert D. Tolbert Jr. Street Address (P.O. Box Number is Not Acceptable) 120 E. Martin Luther King Jr. Blvd.						
			ampa			Zip Code	33000	
8. 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 Kibut D. Julbut 2 01/06/04								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DOEST DESTRUCTION DATE								
	E NOW!!!-FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaig Trust Fund Contrib		5.00 May Be ded to Fees				
10.	OFFICERS AND D		11.	ADDITIONS/	CHANGES TO OFFIC			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOLBERT, ROBERT D 4521 W. CULBREATH AVENUE TAMPA, FL 33609	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			u	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OTERO, CHARLES A 18218 CLEAR LAKE DR. LUTZ, FL 33549	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-7IP		☐ Delete	TITLE NAME STREET ADDRESS CUTY_ST_ZIP				Change	☐ Addition

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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPES OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

01/06/034

(813) 246-4961

Change

Addition

ate Daytime Phone #