2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 164403

SETZER'S WAREHOUSING CORPORATION, INC.



FILED Apr 30, 2004 8:00 am Secretary of State

04-30-2004 90253 030 ***150.00

Pincipal Pilec of Business							600 W	E 1 100					
Scile, Apt. 4, etc. Suite, Apt. 4, etc. Out 62004 Chg-P CR2E034 (10/03)	C/O L.R.S. CO. 903 UNIVERSITY BLVD N				C/O L.R.S. CO. 903 University blvd n					6 Billil Bibbi Bi b il B a rbo			
City & State City & State City	2. Principal Place of Business 3.				3. Mailing Address								
Zip	Suite, Apt. #, etc.			S	Suite, Apt. #, etc.			04162004	Chg-P	CR2	E034 (10/03)		
SETZER, LEONARD R 903 UNIVERSITY BLVD N JACKSONVILLE, FL 32211-5529 8. The above named entity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the Testificable. (NOTE Registered Agent signature required agent are life Testificable.) SIGNATURE. STORMATURE. STEE NORMATI, EEE IS \$150.00 OFFICERS AND DIRECTORS THE NORMATI, EEE IS \$150.00 P. Election Combiguity-Incancing Trust Fund Combiguity-Incancing Name Trust Fund Combiguitions. STORMATURE STEER, LEONARD R STEER, LEONARD R STORMATURES STEER, LEONARD R STEER ALDRESS OTH 5-1-2P OTH 5-1	City & State			C	City & State				1				•
STIZER, LEONARD R 903 UNIVERSITY BLVD N JACKSONVILLE, FL 32211-5529 City FL Zio Code	Zip Country			Z	Zip Country				5. Certificate	of Status Desired			
SETZER. LEONARD R 903 UNIVERSITY BLVD N JACKSONVILLE, FL 32211-5529 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent. 9. STO		6. Name	and Address of Curren	nt Regist	ered Agent				7. Name and	Address of New	Registere	d Agent	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Injury I	903 UNIVERSITY BLVD N												
SIGNATURE Signature Image: State Image: State Image:	·						City				F	Zip Cod	8
### Added to Fees 10.	the obligat	ions of regist	ered agent. or printed name of registered age		applicable. (NOT	E: Registere	d Agent signat	ure required	when reinstating)				
TITLE STD Delete TITLE SETZER, LEONARD R SETZER, LEONARD R STREET ADDRESS STREET SADDRESS STREET SADDRESS STR	After Ma		Fee will be \$550		Trust Fund Cont	tribution.			ed to Fees				
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Leonard R. SIGNATURE AND TYPED OR PRINTED NAME OF JIGNING OFFICER OR DIRECTOR

Leonard R. Setzer

April a

2004 904-743-0880

Daytime Phone #