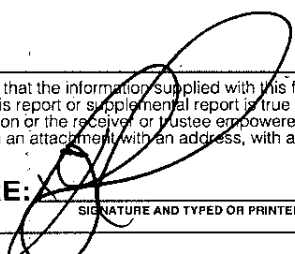


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90001 028 ***158.75

DOCUMENT # 200474			
1. Entity Name CURLIN INC.			
Principal Place of Business 6001 EAST COLUMBUS DRIVE P.O. BOX 11428 TAMPA, FL 33680-1428		Mailing Address 6001 EAST COLUMBUS DRIVE P.O. BOX 11428 TAMPA, FL 33680-1428	
2. Principal Place of Business 6001 East Columbus Drive Suite, Apt. #, etc.		3. Mailing Address 6001 East Columbus Drive Suite, Apt. #, etc.	
City & State Tampa, Florida		City & State Tampa, Florida	
Zip 33619-1646	Country	Zip 33619-1646	Country
4. FEI Number 59-0805799		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		07012004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent GESEMYER, ROBERT J 6001 EAST COLUMBUS DRIVE TAMPA, FL 33619		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GESEMYER, ROBERT J 110 ADALIA AVENUE TAMPA, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3203 Bayshore Blvd. # 1502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAMITER, KAREN A. 308 N. SKYWOOD DR. VALRICO, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Perkovich, Karen A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUVA, PAUL E. 11306 LOCH LOMOND DR. RIVERVIEW, FL ☐ 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-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-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.			
SIGNATURE: 		ROBERT J. GESEMYER, PRES. 7/1/04 (813) 626-4173 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #	

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