


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90024 046 ***150.00

DOCUMENT # 549897					
1. Entity Name FLORIDA TROPHY & ENGRAVING, INC.					
Principal Place of Business 4544 N. ORANGE BLM. TR. ORLANDO, FL 32804		Mailing Address 4544 N. ORANGE BLM. TR. ORLANDO, FL 32804		44015003	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1776818	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent MATTHIAS, ROBERT C. 501 N. MAGNOLIA, SUITE A ORLANDO, FL 32801				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
State				State	
Zip Code				Zip Code	
6. 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when retaking) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	DERN, JEFFREY T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DERN, B THOMAS	NAME	4544 N ORANGE BLUM TR.		
STREET ADDRESS	4544 N ORANGE BLSM TERR	STREET ADDRESS	ORLANDO, FL 32804		
CITY-ST-ZIP	ORLANDO, FL 32801,	CITY-ST-ZIP	ORLANDO, FL 32804		
TITLE	TS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DERN, JEFFREY T	NAME	4544 N. ORANGE BLSM TR.		
STREET ADDRESS	4544 N ORANGE BLSM TERR	STREET ADDRESS	ORLANDO, FL 32804		
CITY-ST-ZIP	ORLANDO, FL 32801,	CITY-ST-ZIP	ORLANDO, FL 32804		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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: <i>Jeffrey T DERN</i>		Date: <i>3/1/04</i>		Daytime Phone #	