2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004
Secretary of State

DOCUMENT# 735333

Entity Name: THE EASY DOES IT CLUB OF PORT CHARLOTTE, INC.

Current Principal Place of Business:

21202 OLEAN BLVD.
SUITE 5
PT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

21202 OLEAN BLVD.
SUITE 5
PT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 65-0043245 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUPTON, JOSEPH
21202 OLEAN BLVD.
SUITE 5
PT CHARLOTTE, FL 33952

Name and Address of New Registered Agent:

NORRIS, JAMES R
21202 OLEAN BLVD.
SUITE 5
PT CHARLOTTE, FL 33952

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.

SIGNATURE: JAMES R NORRIS 04/08/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WEISHAR, LEE
Address: 21150 GERTRUDE AVE
City-St-Zip: PT CHARLOTTE, FL 33952

Title: S ( ) Delete
Name: LUCE, EDWIN L
Address: 22294 MIDWAY BLVD
City-St-Zip: PT CHARLOTTE, FL 33952

Title: D ( ) Delete
Name: CULLEY, MIKE
Address: 4646 FULLON CT
City-St-Zip: PT CHARLOTTE, FL 33952

Title: D (X) Delete
Name: POISSON, JANELLE
Address: 6498 SCOTSDALE STREET
City-St-Zip: PUNTA GORDA, FL 33950

Title: T (X) Delete
Name: JAQUES, EDW.
Address: 21202 OLEAN BLVD
City-St-Zip: PT. CHARLOTTE, FL 33952

Title: P (X) Delete
Name: LUPTON, JOSEPH,
Address: 21202 OLEAN BLVD
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: NORRIS, JAMES R
Address: 21481 GIBRALTER DR
City-St-Zip: PT CHARLOTTE, FL 33952

Title: T (X) Change ( ) Addition
Name: JAQUES, EDWIN
Address: 182 CHELSEA CT
City-St-Zip: PT CHARLOTTE, FL 33952

Title: S (X) Change ( ) Addition
Name: BRUBAKER, JANNELLE
Address: 2215 MARSHALL AVE
City-St-Zip: PT CHARLOTTE, FL 33952

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R NORRIS P 04/08/2004
Electronic Signature of Signing Officer or Director Date