


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 840616**  
 1. Entity Name  
**EUROPCO MANAGEMENT COMPANY OF AMERICA**



Principal Place of Business      Mailing Address  
**4540 HWY 20. E**      **PO BOX 5220**  
**NICEVILLE, FL 32578 US**      **NICEVILLE, FL 32578 US**

**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number      Applied For  
**58-1306439**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HARRIS, HELENE R**  
**4540 HWY 20 E**  
**NICEVILLE, FL 32578**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

00000123843  
 04/22/04-80021-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ZIVAN, JEROME A 4540 HWY 20 E NICEVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STV HARRIS, HELENE R 4540 HWY 20 E NICEVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VAUGHN, JANELLE G. 4540 HWY 20 E NICEVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 files empowered.

SIGNATURE *Helene R Harris VP*      4/19/04      850-897-6430 EX  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #