2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 19, 2004 08:00 AM Secretary of State 1. Entity Name BARGAIN FINDER MAGAZINE, INC. Principal Place of Business Mailing Address 13825 US 19 SUITE 301 P. O. BOX 5593 HUDSON FL 34674-5593 HUDSON FL 34667 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2645436 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ERIC BRANCH 13825 U.S. 19, STE.301 HUDSON FL 34667 Street Address (P.O. Box Number is Not Acceptable) City 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 typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PΩ TITLE ☐ Delete TITLE Change Addition NAMÉ BRANCH, ERIC the break APPA NAME 13825 U.S. 19, STE. 301 STREET ADDRESS STREET ADDRESS U 1944 M-99 (KS) - 923 150.00 CITY - ST-ZIP HUDSON FL CITY-ST-ZIP TITLE Delete HILE ☐ Change ☐ Addition BRANCH, CARON A. NAME NAME STREET ADDRESS 13825 U.S. 19, STE.301 STREET ADDRESS CITY-ST-ZIP HUDSON FL CITY-ST-ZIP TITLE ☐ Delete TEL F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

**FILED** 

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dave

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