## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 20, 2004 08:00 AM **DOCUMENT #L10667 Secretary of State** 1. Entity Name GINGER MAX ENTERPRISES, INC. Principal Place of Business Mailing Address 29158 US 19 N % MICHAEL M HERROCK CLEARWATER, FL 33761 975 RIVERSIDE RIDGE RD TARPON SPRINGS, FL 34689 CR2E034 (10/03) 02172004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0142396 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HERROCK, MICHAEL M. DO NOT WRITE 975 RIVERSIDE RIDGE RD TARPON SPRINGS, FL 34689 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. (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME HERROCK, MICHAEL M 975 RIVERSIDE RIDGE RD STREET ADDRESS U00000058906 02/20/04-80059-011 150.00 CITY-ST-ZIP TARPON SPRINGS, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE COY-ST-7IP IN THIS SPACE TITLE STREET ADDRESS 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)(1), 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 cath; 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP