

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L86766
 1. Entity Name
 17TH & HONORE, INC.



Principal Place of Business
 6565 GATEWAY AVENUE
 SARASOTA, FL 34231

Mailing Address
 6565 GATEWAY AVENUE
 SARASOTA, FL 34231

DO NOT WRITE IN THIS SPACE



03102004 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0250369

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 MOSS, MARIAN M
 6565 GATEWAY AVE.
 SARASOTA, FL 34231

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

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MOSS, MARTIN I.
STREET ADDRESS	6565 GATEWAY AVE.
CITY - ST - ZIP	SARASOTA, FL
TITLE	VS
NAME	MAYR, FRITZ
STREET ADDRESS	6565 GATEWAY AVE.
CITY - ST - ZIP	SARASOTA, FL
TITLE	SD
NAME	MOSS, MARIAN M.
STREET ADDRESS	6565 GATEWAY AVE.
CITY - ST - ZIP	SARASOTA, FL
TITLE	VD
NAME	MARQUA, JAMES
STREET ADDRESS	6565 GATEWAY AVE.
CITY - ST - ZIP	SARASOTA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 03/12/04-80016-017 150.00

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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)(f), 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: *Marian M. Moss* 3/10/04 9227566
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #