

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05-10-2004 9:47:33 AM
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32399-0001



03302004 Chg-NP CR2E037 (10/03)

DOCUMENT # N01000006678
1. Entity Name
4TH FLORIDA COMPANY K, INC.



Principal Place of Business
**2105 51ST. AVE. WEST
BRADENTON, FL 34207**

Mailing Address
**2105 51ST. AVE. WEST
BRADENTON, FL 34207**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

**PERMANE, JAMES
2105 51ST. AVENUE WEST
BRADENTON, FL 34207**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ FL 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 _____ DATE _____

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

**Filing Fee is \$61.25
Due by May 1, 2004**

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERMANE, JAMES 2105 51ST AVENUE, WEST BRADENTON, FL 34207 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEREMAND, DALE 306 37TH AVENUE WEST BRADENTON, FL 34205 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OLIVARI, MARCOS 5036 LIVE OAK CIRCLE BRADENTON, FL 34207 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Tremewan, Paul 4417 S. Winston Lane Sarasota, FL 34235 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 617, 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: William P. Oliver **3/31/04** **(444) 354-5618**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #