


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90041 034 ***150.00

DOCUMENT # P0000105976	
1. Entity Name MOM'S OF VOLUSIA COUNTY, INC.	

Principal Place of Business 1201 N DIXIE FREEWAY NEW SMYRNA BEACH FL 32168	Mailing Address 1201 N DIXIE FREEWAY NEW SMYRNA BEACH FL 32168
--	--

44021717



MOORE CR2E034 (11/03)

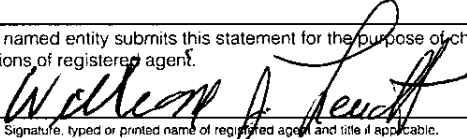
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3673430	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
DUDLEY, JOSEPH P 403 DOWNING STREET NEW SMYRNA BEACH FL 32168	

7. Name and Address of New Registered Agent	
Name WILLIAM J. LEUCHT	
Street Address (P.O. Box Number is Not Acceptable) 1202 N. Dixie Freeway	
City New Smyrna Beach	FL Zip Code 32168

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:  **WILLIAM J. LEUCHT** March 23, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004, Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST LEUCHT, VERTA H <input checked="" type="checkbox"/> Delete 445-204 BOUCHELLE DR NEW SMYRNA BEACH FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEUCHT, VERTA H <input checked="" type="checkbox"/> Delete 445-204 BOUCHELLE DR NEW SMYRNA BEACH FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P V S T WILLIAM J. LEUCHT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2280 Deerwood Drive New Smyrna Beach, Florida 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM J. LEUCHT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2280 Deerwood Drive New Smyrna Beach, Florida 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  **VERTA H. LEUCHT** 1-26-04 386-423-5660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #