## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 19, 2004 08:00 AM Secretary of State **DOCUMENT # P01000074373** 1. Entity Name DAVÉ VANZWIETEN, INC. Principal Place of Business Mailing Address 208 S. SWIETEN AVE. P.O. BOX 4514 DEERFIELD BEACH, FL 33442 DELRAY BEACH, FL 33444 04142004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1125361 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KERLEW, MICHAEL DO NOT WRITE 2213 E. ATLANTIC BLVD. POMPANO BEACH, FL 33062 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE VANZWIETEN, DAVE B NAME STREET ADDRESS 208 S. SWIETEN AVE, DELRAY BEACH, FL 33444 CITY-ST-ZIP U00000118746 04/19/04-80071-018 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F

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 addrags, with all other like empowered.

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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR