


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000088784**

1. Entity Name  
**MOREPENMAX, INC.**



Principal Place of Business <b>25400 US HWY 19 N          STE 137          CLEARWATER, FL 33763</b>	Mailing Address <b>25400 US HWY 19 N          STE 137          CLEARWATER, FL 33763</b>
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**DO NOT WRITE IN THIS SPACE**



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>80-0025804</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**YADLEY, GREGORY C  
 101 E KENNEDY BLVD SUITE 2800  
 TAMPA, FL 33602**

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

U00000123779  
 04/22/04-80019-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SURI, SUSHIL 25400 US HWY 19 N STE 137 CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SINGH, JUJHAR 25400 US HWY 19 N STE 137 CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JAIN, MAHESH 25400 US HWY 19 N STE 137 CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAGAMBA, WILLIAM 25400 US HWY 19N STE 137 CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TANEJA, JUGAL K 25400 US HWY 19 STE 137 CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *William Lagamba* **4/15/04** **727-533-0431**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #