
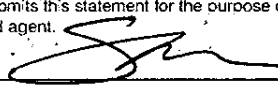
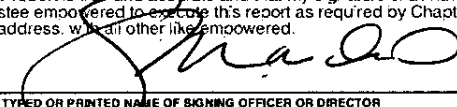


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90185 011 ***150.00

DOCUMENT # P01000121194			
1. Entity Name BISON RESEARCH, INC.		Principal Place of Business 3921 NEWPORT AVE BOYNTON BEACH, FL 33462	
Mailing Address 3131 W LOUISIANA AVE TAMPA, FL 33614		<i>wrong Address</i>	
2. Principal Place of Business		3. Mailing Address 3313 W. LOUISIANA AV	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, FL		4. FEI Number -01-0548152	
Zip 33614		Country Hillsborough	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent FRASCA, MARGARETT 3921 NEWPORT AVE BOYNTON BEACH, FL 33462		7. Name and Address of New Registered Agent Name: SANDRA MARCHAND Street Address (P.O. Box Number is Not Acceptable): 3313 W. LOUISIANA AV City: TAMPA FL Zip Code: 33614	
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: 			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME P CARTAGENA, LYDIA	<input checked="" type="checkbox"/> Delete	TITLE NAME PRESIDENT SANDRA MARCHAND	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3921 NEWPORT AVE		STREET ADDRESS 3313 W. LOUISIANA AV	
CITY-ST-ZIP BOYNTON BEACH, FL 33462		CITY-ST-ZIP TAMPA, FL 33614	
TITLE NAME PRESIDENT SANDRA MARCHAND	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3313 W. LOUISIANA AV		STREET ADDRESS	
CITY-ST-ZIP TAMPA, FL 33614		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date: 5/3/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

Attachment p01000121194

24072390

BISON RESEARCH

3313 W. LOUISIANA AV
TAMPA, FL 33614

PH (813) 996-2884
FAX(813) 996-2872

DATE 5/3/2004
TIME 10:00 AM
TO DEPT OF STATE
RE: FILING FEE

DIVISION OF CORPORATION
2670 EXECUTIVE CENTER CIRCLE
SUITE 100
TALLAHASSEE, FL 32301

ATTACHED IS MY CHECK FOR \$150.00
I NEVER RECEIVED ANY CORESPONDENCE REGARDING THE
DUE DATE FOR FILING, AS YOU WILL NOT THE ADDRESS YOU
HAVE ON FILE IS INCORRECT, PLEASE CHANGE FOR
FUTURE REFERENCE.

THANK YOU

SANDRA MARCHAND
BISON RESEARCH
