2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000110030

1. Entity Name STUDIOWORKS, INC.



Principal Place of Business

STOOP.

095 CORVETTE DR. 963 Corvette Dr. LARGO, FL 33771

Mailing Address

995 CORVETTE DR. 963 Corvette Dr LARGO, FL 33771

FILED Mar 31, 2004 8:00 am Secretary of State

03-31-2004 90003 041 ***150.00

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DO NOT WRITE IN THIS SPAC	4. FEI Number Applied For 54-2081534 Not Applied be
	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	1
RICHARD A JR.	DO NOT WRITE

8. The above gamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept

995 CORVETTE DR. LARGO, FL 33771 IN THIS SPACE

	ions of registered agent.	s. pood or one lightly no rog	g.o.c. o a o o o	ogiolorod agork, or oc	3/ -/-/
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Re	egistered Agent signature	required when reinstating)	3/25/04 DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOOP, RICHARD A JR. 995 CORVETTE DR. LARGO, FL 33771		:		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOOP, RUTH M 995 CORVETTE DR. LARGO, FL 33771				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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:	RST	3/25/04	727-501-006	0
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #	-