

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2004 8:00 am
Secretary of State

05-26-2004 90002 009 ***158.75

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1. Entity Name
SEARCH RE: SEARCH, INC.



Principal Place of Business
**1155 ALABAMA AVENUE
HOLLY HILL, FL 32117**

Mailing Address
**1155 ALABAMA AVENUE
HOLLY HILL, FL 32117**

54055642



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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

05102004 Chg-P CR2E034 (10/03)

4. FEI Number
75-2622719

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FEIT, JENNIFER
1155 ALABAMA AVENUE
HOLLY HILL, FL 32117**

7. Name and Address of New Registered Agent

Name
FEIT, JENNIFER

Street Address (P.O. Box Number is Not Acceptable)
3993 DAKOTA CIRCLE

City
ORMOND BEACH FL Zip Code
32174

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]* **5-24-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
P	FEIT, JENNIFER	1155 ALABAMA AVENUE	HOLLY HILL, FL 32117	☐
				☐
				☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ Change ☐ Addition
		3993 Dakota Circle	Ormond Beach, FL 32174	☐
				☐
				☐
				☐
				☐

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: *[Signature]* **5-24-04** **386-677-7069**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #