
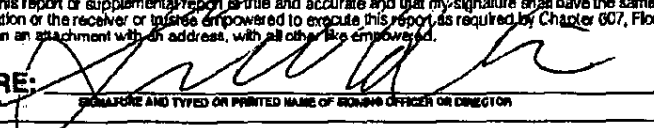


**FILED**  
**Jun 18, 2004 8:00 am**  
**Secretary of State**

4/19/2

04-19-2004 90286 034 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P03000062161</b>			
1. Entity Name <b>CAUTION INCORPORATED</b>			
Principal Place of Business <b>703 COURT STREET CLEARWATER, FL 33756 US</b>		Mailing Address <b>703 COURT STREET CLEARWATER, FL 33756 US</b>	
2. Principal Place of Business <b>2055 DODGE ST</b>		3. Mailing Address <b>2055 DODGE ST</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>CLEARWATER, FL</b>		City & State <b>CLEARWATER, FL</b>	
Zip <b>33760</b>		Country <b>USA</b>	
4. FEI Number <b>20-0040538</b>		Applied For 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 <b>JENNINGS, THOMAS C III 703 COURT STREET CLEARWATER, FL 33756</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Register type or printed name of registered agent and title if applicable. (ACT) = Registered Agent signature required when registering.</small>			
<b>FILE NOW!! FEE IS \$160.00 After May 1, 2004 Fee will be \$350.00</b>		9. Election Campaign Financing, Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>GERARDO PICI, PSTD</b> <input type="checkbox"/> Delete <b>2055 DODGE STREET</b> <b>CLEARWATER, FL 33760</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 employees.			
SIGNATURE: 		Date: <b>04/01/04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Phone #	

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03172004 Chg-P CR2E034 (10/03)