


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90996 022 \*\*\*158.75

**DOCUMENT # P03000124242**

1. Entity Name  
**HUSBAND FOR RENT ENTERPRISES, INC.**



Principal Place of Business      Mailing Address  
**514 CARRIAGE RD**      **514 CARRIAGE RD**  
**INDIAN HARBOUR BCH, FL 32937**      **INDIAN HARBOUR BCH, FL 32937**

94066479

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



04112004    Chg-P    CR2E034 (10/03)

**6. Name and Address of Current Registered Agent**

**SCHLICK, MATTHEW**  
**514 CARRIAGE RD**  
**INDIAN HARBOUR BCH, FL 32937**

4. FEI Number  
**20-0649225**

Applied For  
 Not Applicable

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

**7. Name and Address of New Registered Agent**

Name

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

City      **FL**      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 \_\_\_\_\_

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**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHLICK, MATTHEW	
STREET ADDRESS	514 CARRIAGE RD	
CITY-ST-ZIP	INDIAN HARBOUR BCH, FL 32937	
TITLE	Rosemary Leone	<input type="checkbox"/> Delete
NAME	514 CARRIAGE RD	
STREET ADDRESS	Indian Harbour Bch - 32937	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>ADD</i> SCHLICK, MATTHEW	
STREET ADDRESS	514 CARRIAGE RD	
CITY-ST-ZIP	INDIAN HARBOUR BCH FL 32937	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP LEONE ROSEMARY	
STREET ADDRESS	514 CARRIAGE RD	
CITY-ST-ZIP	INDIAN HARBOUR BCH FL 32937	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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:** *Matthew Schlick*      4/23/04      \_\_\_\_\_

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