

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000061503

FILED
Apr 08, 2004
Secretary of State

Entity Name: 5XL, INC.

Current Principal Place of Business:

506 GULF BLVD., APT. 501
INDIAN ROCKS BEACH, FL 34635

New Principal Place of Business:

Current Mailing Address:

3024 25 AVE N.
ST. PETERSBURG, FL 33713 US

New Mailing Address:

FEI Number: 59-3268599

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMIEGE, LEONARD
3024 25 AVE. NORTH
#1
ST. PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHMIEGE, LISA
Address: 301 11TH AVE NE APT 2
City-St-Zip: ST PETERSBURG, FL

Title: D () Delete
Name: SCHMIEGE, LEN
Address: 3024 25TH AVE N
City-St-Zip: ST PETERSBURG, FL

Title: D () Delete
Name: SCHMIEGE, LORI E
Address: 3614 E. BROAD STREET
City-St-Zip: RICHMOND, VA 23223

Title: D () Delete
Name: SCHMIEGE, LORRAINE E
Address: P.O. BOX 52828 N/A
City-St-Zip: ERITHREA, GREECE, 14671

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONARD SCHMIEGE

D

04/08/2004

Electronic Signature of Signing Officer or Director

_____ Date