## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # P94000069400 06-07-2004 90007 006 \*\*\*150.00 EURO (TENN) INC. Principal Place of Business Mailing Address 5250 SOUTH U.S. HIGHWAY 17-92 5250 SOUTH U.S. HIGHWAY 17-92 CASSELBERRY, FL 32707 CASSELBERRY, FL 32707 2. Principal Place of Business NO. SR Blvc 3. Mailing Address Morse Blud 807 W. Suite, Apt. #, etc Suite, Apt. #, etc. 03272003 Chg-P CR2E034 (10/03) 102 102 4. FEI Number Applied For かん Win 59-3264430 Not Applicable Zip32789 Zip 327 89 Country \$8.75 Additional USA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 807 W. Morse Blud COOK, ALBERT R Street Address (P.O. Box Number is Not Acceptable) 5259 GOUTH U.S. HIGHWAY 17-92 sulte 102 CASSELBERRY, FL 92707 Winter Par City 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 SIGNATURE. egistered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWIN FEE 18 \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 8, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PTSD TITLE ☐ Defete BHE ☐ Change ☐ Addition NAME PINKNEY, BRIAN NAME 290 KING STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OAKVILLE ONTARIO CANADA CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 addirect, with all other like empowered. SIGNATURE:

FILED

Jun 07, 2004 8:00 am

Affachment

250 S.US HWY 17/92 RXX:80X:895, CASSELBERRY, FL. 32718-0895 Tel: (407) 331-4757 Fax: 830-6538

June 1, 2004

Division of Corporations P.O.Box 1500 Tallahassee, Fl., 32302-1500

Dear Sirs:

Please find enclosed the annual reportsifor our companies, with checks enclosed.

Upon my recent return to Longwood, and finding nothing in my mail here with regard to the State Annual Reports, I to-day called Mr. Cook, our resident agent. He has informed me that no notices have been received at his office either, but that your filing procedures have changed. Another client had advised him about 2 weeks ago, so he was able to provide us with the forms.

It is his understanding that you are accepting payment of the annual fee of \$ 150. to make each of our companies current. Should you wish to speak to Mr.Cook for any reason, he canbe reached at 407 830-4009.

B.N.Pimkney

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"Longwood's Preferred Address" County Road 427 at Longwood Hills Road