


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 28, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # V60319 1. Entity Name 311 CENTER BOULEVARD, INC. |  |
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| Principal Place of Business 311 SARASOTA CTR BLVD. SUITE 400 SARASOTA FL 34240 US | Mailing Address 311 SARASOTA CTR BLVD. SUITE 400 SARASOTA FL 34240 US |
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|---|---|
| 2. Principal Place of Business Suite, Apt #, etc. City & State Zip | 3. Mailing Address Suite, Apt #, etc. City & State Zip |
|---|---|



MOORE CR2E034 (11/03)

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|--|--|---|--|
| 6. Name and Address of Current Registered Agent HANKIN, LAWRENCE M. 2033 MAIN ST. SUITE 400 SARASOTA FL | | 7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City | |
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|---|--------------------------------|
| 4. FEI Number 65-0395651 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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.

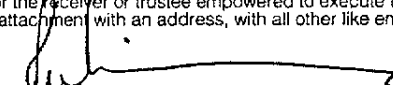
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SIMMONS, P.W. 139 YACHT HARBOR DR. OSPREY FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000017395 01/28/04-80092-023 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SIMMONS, LOIS L 139 YACHT HARBOR DR. OSPREY FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SIMMONS, LOIS L 139 YACHT HARBOR DR. OSPREY FL | 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 |
| 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 |
| 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 empowered.

SIGNATURE:  Peter W. Simmons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-04 941-377-9929
Date Daytime Phone