


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 13, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N10893  
 1. Entity Name  
 PROJECT RETURN, INC.



Principal Place of Business 304 W WATERS AVE TAMPA, FL 33604	Mailing Address 304 W WATERS AVE TAMPA, FL 33604
--	--

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2612753	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent  
 MITCHELS, NATALIE  
 304 WEST WATERS AVE  
 TAMPA, FL 33604

**DO NOT WRITE IN THIS SPACE**

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)

**Due by May 1, 2004** Trust Fund Contribution  **\$0.00 may be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TOWNSEND, PAMELA 402 FERN CLIFF AVE TEMPLE TERRACE, FL 33617
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD ADAMS, DEBORAH 4940 WILLOW RIDGE TERRACE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD MITCHELS, NATALIE 1304-B WEST WATERS AVE TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUEY, PAUL 14009 SHADY SHORES DR TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HIGGINS, LAWRENCE MON. 5225 N HINES AVE TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000003919  
 01/13/04-80072-002 70.00

**DO NOT WRITE IN THIS SPACE**

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 617, 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: *Natalie Y. Mitchels, Natalie Y. Mitchels, Executive Director*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/13/04 Daytime Phone #: (813) 990-8981