## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 275928** 

Address:

City-St-Zip:

3434 CLEVELAND AVE.

FT MYERS, FL

FILED Apr 30, 2004 Secretary of State

Entity Name: POVIA-BALLANTINE CORPORATION	
Current Principal Place of Business:	New Principal Place of Business:
3434 CLEVELAND AVE. FORT MYERS, FL 33901	
Current Mailing Address:	New Mailing Address:
3434 CLEVELAND AVE. FORT MYERS, FL 33901	P.O. BOX 248 FORT MYERS, FL 33902
FEI Number: 59-1026161 FEI Number Applied For ( ) FEI Nu	mber Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
POVIA,LAWRENCE 3434 CLEVELAND AVE FT MYERS, FL 33901	POVIA, LAWRENCE P.O. BOX 248 FT MYERS, FL 33902
The above named entity submits this statement for the purpose in the State of Florida.	of changing its registered office or registered agent, or both,
SIGNATURE:	04/30/2004
Electronic Signature of Registered Agent  Election Campaign Financing Trust Fund Contribution ( ).	Date
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title:         P ( ) Delete           Name:         POVIA, LAWRENCE,           Address:         3434 CLEVELAND AVE           City-St-Zip:         FT MYERS, FL	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: V () Delete Name: SLOAN, STEPHEN J., Address: 3434 CLEVELAND AVE. City-St-Zip: FT MYERS, FL	Title: V (X) Change ( ) Addition Name: SLOAN, STEPHEN J., Address: 431 SW 37TH ST City-St-Zip: CAPE CORAL, FL 33914
Title: ST ( ) Delete Name: BALLANTINE, DEAN,	Title: ( ) Change ( ) Addition Name:

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.

Address:

City-St-Zip:

SIGNATURE: STEPHEN J. SLOAN 04/30/2004 ٧