


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90091 010 ***158.75

DOCUMENT # 286993			
1. Entity Name 2552 CORPORATION			
Principal Place of Business 2552 S FEDERAL HWY #2 BOYNTON BCH FL 33435		Mailing Address 2552 S FEDERAL HWY #2 BOYNTON BCH FL 33435	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

49067131



MOORE CR2E034 (11/03)

4. FEI Number NO-T APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent STANLEY, HAROLD C 2552 S. FEDERAL HWY. #1 BOYNTON BCH FL 33435		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL 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 agent.

SIGNATURE *Harold C Stanley (President)* (NOTE: Registered Agent signature required when reinstating) DATE March 9, 2004

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	DV	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DANIEL, WILLIAMS			NAME	JOSIP MADERIC		
STREET ADDRESS	2552 S. FEDERAL HWY #4			STREET ADDRESS	2552 S. FEDERAL HWY #1		
CITY-ST-ZIP	BOYNTON BEACH FL 33435			CITY-ST-ZIP	BOYNTON BEACH, FL 33435		
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIBERATORE, FLORENCE			NAME			
STREET ADDRESS	2552 S. FEDERAL HWY #20			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33435			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOUISE, LOYD			NAME			
STREET ADDRESS	2552 S. FEDERAL HWY #5			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33435			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LINDBALD, RUTH			NAME	LIND BLAD, RUTH		
STREET ADDRESS	2552 S. FEDERAL HWY #14			STREET ADDRESS	2552 S. FEDERAL HWY #14		
CITY-ST-ZIP	BOYNTON BEACH FL 33435			CITY-ST-ZIP	BOYNTON BEACH, FL 33435		
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STANLEY, H.C.			NAME			
STREET ADDRESS	2552 S FEDERAL HWY #1			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33435			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	DT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	EVERETT C MASON		
STREET ADDRESS				STREET ADDRESS	2552 S. FEDERAL HWY #9		
CITY-ST-ZIP				CITY-ST-ZIP	BOYNTON BEACH, FL 33435		

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 address, with all other like empowered.

SIGNATURE: *Harold C Stanley* DATE: March 9, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #