

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90048 034 \*\*\*150.00

**DOCUMENT # 305017**

1. Entity Name

LOCATIONS, INC.



Principal Place of Business

1350 ECKLES DRIVE  
TAMPA FL 33612

Mailing Address

1350 ECKLES DRIVE  
TAMPA FL 33612

94026667



MOORE

CR2E034 (11/03)

2. Principal Place of Business

19410 GOLDEN SLIPPER PL.

Suite, Apt. #, etc.

3. Mailing Address

19410 GOLDEN SLIPPER PL.

Suite, Apt. #, etc.

City & State

LUTZ, FL.

City & State

LUTZ, FL.

4. FEI Number

59-1142728

Applied For

Not Applicable

Zip

33558

Country

USA

Zip

33558

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GIGLIA, GERALD P  
509 S. HYDE PARK AVENUE  
TAMPA FL 33601-1790

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE TDS ☐ Delete  
NAME SMITH, CYNTHIA B  
STREET ADDRESS 3717 MONARCH DR.  
CITY-ST-ZIP TAMPA FL

TITLE PD ☐ Delete  
NAME BENSHOOF, HELEN J  
STREET ADDRESS 1350 ECKLES DR.  
CITY-ST-ZIP TAMPA FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 address, with all other like empowered.

SIGNATURE:

*Helen J. Benshoof*

HELEN J. BENSHOOF

Date

3-2-04 813-852-1202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #