## **2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

## Apr 12, 2004 8:00 am Secretary of State **DOCUMENT # 305205** 1. Entity Name 04-12-2004 90317 021 \*\*\*150.00 AL BOOTH'S INC. Principal Place of Business Mailing Address 260 HARBOR CITY BLVD MELBOURNE FL 32935 260 HARBOR CITY BLVD MELBOURNE FL 32935 **9405008**0 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FE! Number Applied For 59-1140081 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TORPY, RICHARD E Street Address (P.O. Box Number is Not Acceptable) 202 NORTH HARBOR CITY BLVD **STE 300 MELBOURNE FL 32935** City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD ☐ Defete TITLE Change ☐ Addition NAME BUTLER, SCOTT L NAME STREET ADDRESS 698 BRISBANE STREET NE STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32907 CITY-ST-ZIP ST TITLE Delete ☐ Change ☐ Addition ALMA BAKER NAME NAME 260 N. HARBOR CITY BLVD STREET ADDRESS STREET ADDRESS MELBOURNE FL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Addition Delete ☐ Change NAME -- ---NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

4/7/04 321-254-2228