

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90516 032 ***150.00

54040569



04212004 Chg-P CR2E034 (10/03)

4. FEI Number **59-1201356** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HUGHEY, MIKE
205 S HOOVER ST.
TAMPA, FL 33609

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD	☐ Delete
NAME	FARMER, JD	
STREET ADDRESS	205 S HOOVER ST #400	
CITY-ST-ZIP	TAMPA, FL	
TITLE	PD	☐ Delete
NAME	HUGHEY, MIKE	
STREET ADDRESS	205 S HOOVER ST	
CITY-ST-ZIP	TAMPA, FL	
TITLE	SD	☐ Delete
NAME	CARTER, SHIRLEY	
STREET ADDRESS	205 S HOOVER ST	
CITY-ST-ZIP	TAMPA, FL 00000,	
TITLE	T	☒ Delete
NAME	RAWLINS, WANITA M.	
STREET ADDRESS	205 S. HOOVER ST.	
CITY-ST-ZIP	TAMPA, FL	
TITLE	VP	☐ Delete
NAME	THATCHER CAROLYN	
STREET ADDRESS	205 S HOOVER ST #400	
CITY-ST-ZIP	TAMPA, FL 33609	
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
NAME	Carolyn Thatcher	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☒ Addition
NAME	Director Evelyn Hughey	
STREET ADDRESS	205 S Hoover Blvd 400	
CITY-ST-ZIP	Tampa, FL 33609	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/04

813-286-2323