


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 378809
 1. Entity Name
 6301, INC.



Principal Place of Business 8000 N. ARMENIA AVENUE TAMPA, FL 33604	Mailing Address 8000 N. ARMENIA AVENUE TAMPA, FL 33604
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DO NOT WRITE IN THIS SPACE



03032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1407222	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ROSENTHAL, V.M., JR.
 8000 N. ARMENIA AVENUE, SUITE E
 TAMPA,, FL 33604

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROSENTHAL, JR.
STREET ADDRESS	8000 N. AREMINA AVENUE, SUITE E
CITY-ST-ZIP	TAMPA,, FL 33604
TITLE	VP
NAME	ROSENTHAL, TODD K
STREET ADDRESS	8000 N. ARMENIA AVENUE, SUITE E
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	S
NAME	ROSENTHAL, MARK S.
STREET ADDRESS	8000E ARMENIA AVE
CITY-ST-ZIP	TAMPA, FL
TITLE	T
NAME	ROSENTHAL, LISA A.
STREET ADDRESS	8000E ARMENIA AVE
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/09/05-80011-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Ketha M. Russo Date: 3/7/05 Daytime Phone #: 813 932-2890