
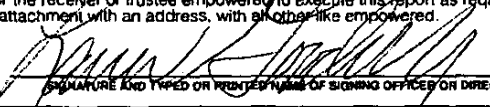


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AB)

FILED
May 17, 2004 8:00 am
Secretary of State

04-26-2004 90989 024 ***150.00

DOCUMENT # 480260					
1. Entity Name THE UNINSURED RELATIVE WORKSHOP, INC.					
Principal Place of Business 1645 NORTH LEXINGTON AVENUE DELAND FL 32724			Mailing Address 1645 NORTH LEXINGTON AVENUE DELAND FL 32724		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1648274	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOOTH, WILLIAM R. 2217 EAST NEW YORK AVENUE DELAND FL 32724			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		Zip Code
FL			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 <small>After May 1, 2004 Fee will be \$350.00</small> Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOOTH, WILLIAM R.	NAME			
STREET ADDRESS	2217 E. NEW YORK AVENUE	STREET ADDRESS			
CITY-ST-ZIP	DELAND FL	CITY-ST-ZIP			
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOSH, LYNN M	NAME			
STREET ADDRESS	2529 EUSTACE AVE	STREET ADDRESS			
CITY-ST-ZIP	DELTONA FL 32725	CITY-ST-ZIP			
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GENCARRELLE, ALLEN	NAME			
STREET ADDRESS	549 DALEY ST	STREET ADDRESS			
CITY-ST-ZIP	ORANGE CITY FL 32763	CITY-ST-ZIP			
TITLE	COO <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GENCARELLE, ALLEN	NAME			
STREET ADDRESS	549 DALEY ST.	STREET ADDRESS			
CITY-ST-ZIP	ORANGE CITY FL 32763	CITY-ST-ZIP			
TITLE	General Manager <input type="checkbox"/> Delete	TITLE	General Manager <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	Gary Deierlein	NAME	Gary Deierlein		
STREET ADDRESS	1016 Stagger Bush Pl	STREET ADDRESS			
CITY-ST-ZIP	New Smyrna Beach	CITY-ST-ZIP			
TITLE	FL 32168 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			Date: 5/12/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		