

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 567728</b>	
<b>1. Entity Name</b> VAN ENTERPRISES, INC.	

<b>Principal Place of Business</b> 4240 HENDERSON BLVD TAMPA FL 33629-5611	<b>Mailing Address</b> 4240 HENDERSON BLVD TAMPA FL 33629-5611
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
Zip	Country



MOORE CR2E034 (11/03)

<b>6. Name and Address of Current Registered Agent</b> VAN DIEST, JAMES GEORGE, JR. 4240 HENDERSON BOULEVARD TAMPA FL 33629-5611
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<b>7. Name and Address of New Registered Agent</b>
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	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	P VAN DIEST, FAITH ANN
<b>STREET ADDRESS</b>	5014 LONGFELLOW AVENUE
<b>CITY - ST - ZIP</b>	TAMPA FL
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	V VAN DIEST, JAMES G.
<b>STREET ADDRESS</b>	5014 LONGFELLOW AVENUE
<b>CITY - ST - ZIP</b>	TAMPA FL
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	S VAN DIEST-SUMMERS, SHERRY
<b>STREET ADDRESS</b>	5014 LONGFELLOW AVENUE
<b>CITY - ST - ZIP</b>	TAMPA FL
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	T VAN DIEST, TIMOTHY J.
<b>STREET ADDRESS</b>	5014 LONGFELLOW AVENUE
<b>CITY - ST - ZIP</b>	TAMPA FL
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

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02/23/04-80016-014 150.00

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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:** *James G. Van Diest* **2/17/04 813-287-2550**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #