


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90667 044 \*\*\*150.00


**DOCUMENT # 587383**  
 1. Entity Name  
**NEW 201 CORPORATION**



Principal Place of Business      Mailing Address  
 4 BRIGHT WATER CIRCLE N.E.      4 BRIGHT WATER CIRCLE N.E.  
 ST. PETERSBURG, FL 33704 US      ST. PETERSBURG, FL 33704 US

**34078337**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01062004      Chg-P      CR2E034 (10/03)

4. FEI Number <b>59-1861076</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

JOSEPH P. DAVENPORT  
 4 BRIGHT WATER CIRCLE N.E.  
 ST. PETERSBURG, FL 33704

*SAME ←*

**7. Name and Address of New Registered Agent**

Name: **Joseph P. DAVENPORT**  
 Street Address (P.O. Box Number is Not Acceptable):  
**2403 W. VINA Del MAR Blvd**  
 City: **ST. PETE BEACH**      FL      Zip Code: **33706**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT DAVENPORT, JOSEPH 4 BRIGHT WATER CIRCLE N.E. ST. PETERSBURG, FL 33704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT DAVENPORT, JOSEPH 2403 W. VINA Del MAR Blvd ST. PETE BEACH FL 33706 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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:** J. P. DAVENPORT  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/29/04      Daytime Phone #: 727-459-8236