2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90045 038 ***150.00

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1. Entity Name
GROWTH CAPITAL CORPORATION

Principal Place of Business	Mailing Address
5121 EHRLICH ROAD SUITE 102-A TAMPA, FL 33624 US	5121 EHRLICH ROAD SUITE 102-A TAMPA, FL 33624 US

02022004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
14652 VILLAGE GLEN CIRCLE	14652 VILLAGE GLEN CIRCLE
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: TAMPA, FLORIDA	City & State: TAMPA, FLORIDA
Zip: 33618 Country:	Zip: 33618 Country:

4. FEI Number: 59-1871421 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LERNER, GEORGE 14519 WESSEX ST TAMPA, FL 33625	Name: GEORGE. LERNER Street Address (P.O. Box Number is Not Acceptable): 14652 VILLAGE GLEN CIRCLE City: TAMPA FL Zip Code: 33618

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: George Lerner DATE: 2/2/04

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, 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	PSD	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	LERNER, GEORGE		NAME	
STREET ADDRESS	14519 WESSEX ST		STREET ADDRESS	14652 VILLAGE GLEN CIRCLE
CITY-ST-ZIP	TAMPA, FL 33625		CITY-ST-ZIP	~~TAMPA, FLORIDA 33618~~
TITLE	D	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	LERNER, JOYCE		NAME	
STREET ADDRESS	14519 WESSEX ST		STREET ADDRESS	14652 VILLAGE GLEN CIRCLE
CITY-ST-ZIP	TAMPA, FL 33625		CITY-ST-ZIP	~~TAMPA, FLORIDA 33618~~
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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: George Lerner 2/2/04 813-961-3910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #