


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90004 047 ****61.25

DOCUMENT # 769919 1. Entity Name FESTIVAL OF STATES, INC.					
Principal Place of Business 33 SIXTH ST S STE 101 ST. PETERSBURG, FL 33701 US			Mailing Address P O BOX 1731 P.O. BOX 1731 ST PETERSBURG, FL 33731-1731 US		
2. Principal Place of Business 663 6th AVENUE SOUTH		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		02102004 Chg-NP CR2E037 (10/03)	
City & State ST. PETERSBURG, FL		City & State 		4. FEI Number 59-2318048	
Zip 33701		Country FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ENGLANDER & FISCHER PA 5959 CENTRAL AVE STE 606 ST. PETERSBURG, FL 33710				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 721 FIRST AVENUE, NORTH City ST. PETERSBURG FL Zip Code 33701	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	PRES-ELEC.	
NAME	MAHAFFEY, MARK T		NAME	JOEL MUMBERG	
STREET ADDRESS	3700 POMPANO DROVE S.E.		STREET ADDRESS	801 6th STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33705		CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	P	<input type="checkbox"/> Delete	TITLE	SR V.P	
NAME	NEISER, DICK		NAME		
STREET ADDRESS	150 2ND AVE. N., STE. 910		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	TR	
NAME	JONES, DONALD		NAME		
STREET ADDRESS	506 17TH AVE., N.E.		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	SEC.	
NAME	ROMIG, LEE F		NAME	STEPHANIE GOFORTH	
STREET ADDRESS	634 SECOND AVENUE SOUTH		STREET ADDRESS	P.O. BOX 15507	
CITY-ST-ZIP	ST PETERSBURG, FL 33701		CITY-ST-ZIP	ST PETERSBURG, FL 33733	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	PRES.	
NAME	GREENE, MARCUS		NAME		
STREET ADDRESS	100 N. TAMPA STREET, SUITE 4100		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	V.P	
NAME	LITTLEJOHN, MARILYN		NAME		
STREET ADDRESS	880 CARILLON PKWY 32E		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-16-04