

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 840616

1. Entity Name  
EUROPCO MANAGEMENT COMPANY OF AMERICA



**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business

4540 HWY 20 E  
NICEVILLE, FL 32578 US

Mailing Address

PO BOX 5220  
NICEVILLE, FL 32578 US



01052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
58-1306439

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HARRIS, HELENE R  
4540 HWY 20 E  
NICEVILLE, FL 32578

**DO NOT WRITE  
IN THIS SPACE**

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

00000123843  
04/22/04-80021-002 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
ZIVAN, JEROME A  
4540 HWY 20 E  
NICEVILLE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
STV  
HARRIS, HELENE R.  
4540 HWY 20 E  
NICEVILLE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
VAUGHN, JANELLE G.  
4540 HWY 20 E  
NICEVILLE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04 850-897-6430 EX

Date

Daytime Phone #

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