


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-19-2004 90336 047 ***150.00

DOCUMENT # F00000003010 1. Entity Name SELLPLACE.COM, INC.					
Principal Place of Business 3585 EDGEWOOD AVE FORT MYERS FL 33916			Mailing Address PO BOX 9208 FORT MYERS FL 33902		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0878477 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent ANDERSON, CARLMAE 3585 EDGEWOOD AVE FORT MYERS FL 33916	
7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 <input type="checkbox"/> \$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	PTC ANDERSON, CARLMAE 3585 EDGEWOOD AVE FORT MYERS FL 33916	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAMENTZ, AL 13500 SIESTA PINE COURT FORT MYERS FL 33905	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAMENTZ, AL 530 Lavers Ct. 257 Delray Beach, FL 33444	<input checked="" 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"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
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: <u>Carlmae Anderson</u> <u>4/30/04</u> <u>Se.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

239-823-1362

Check Image

Attachment

66418398
F00000003010

4/30/04 10:58 AM



Check Image

Customer Name: CARLMAE ANDERSON

Acct Number: xxxxxxxx5426

Acct Nickname: Checking

Check #: 1786

Date Processed: 04/28/2004

Front [Click here to see the Back](#)

sellplace.com 63-943/6 1786
P.O. BOX 9208
FT. MYERS, FLORIDA 33902
DATE April 15, 04
PAY TO THE ORDER OF FL Dept of State \$150.00
One hundred fifty DOLLARS
FOR 65-0878477 Carla Anderson

INCLEARINGS WORK
CLEARINGHOUSE WORK

150021051 5906 05000 01 042

SALE OF AMERICAN JAY
MEMBER OF THE 1991 96 P26
4/2/04

6640404195

APR 27 04

2323 APR 19 2004
DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT # 1000068798

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