


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90368 048 \*\*\*158.75

**DOCUMENT # F03000005719**

1. Entity Name  
 CONFIGURECODE, INC.



12003704

Principal Place of Business  
 13401 SUTTON PARK DR. SOUTH, STE. 1131  
 JACKSONVILLE, FL 32224

Mailing Address  
 13401 SUTTON PARK DR. SOUTH, STE. 1131  
 JACKSONVILLE, FL 32224

2. Principal Place of Business  
 12620 Beach Blvd STE 355  
 Suite, Apt. #, etc.

3. Mailing Address  
 12620 Beach Blvd STE 355  
 Suite, Apt. #, etc.



04152004 Chg-P CR2E034 (10/03)

City & State  
 Jacksonville, FL

City & State  
 Jacksonville, FL

Zip  
 32246

Country  
 US

Zip  
 32246

Country  
 US

4. FEI Number  
 20-0695706

Applied For  
 Not Applicable

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

8. Name and Address of Current Registered Agent

CANARAN, VISH  
 13401 SUTTON PARK DR. SOUTH, STE. 1131  
 JACKSONVILLE, FL 32224

7. Name and Address of New Registered Agent

Name  
 CANARAN, VISH

Street Address (P.O. Box Number is Not Acceptable)  
 12620 Beach Blvd STE 355

City  
 Jacksonville

FL

Zip Code  
 32246

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 *Vish Canaran* (VISH CANARAN, President) April 15, 2004.  
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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CANARAN, VISH 13401 SUTTON PARK DR. SOUTH, STE. 1131 JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERLA, JESSI 13401 SUTTON PARK DR. SOUTH, STE. 1131 JACKSONVILLE, FL 32224	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CANARAN, VISH 12620 Beach Blvd STE 355 Jacksonville, FL 32246	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jesse Perla 12620 Beach Blvd STE 355 Jacksonville, FL 32246	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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(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: *Vish Canaran* April 15, 2004. 808-6407013  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #