

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F77937

FILED  
Mar 12, 2004  
Secretary of State

Entity Name: MEDICAL PEGBOARD SYSTEMS, INC.

**Current Principal Place of Business:**

% JUANITA K. MYERS  
8319 NORTH HABANA AVE.,  
TAMPA, FL 33614

**New Principal Place of Business:**

% JUANITA K. MYERS  
8319 NORTH HABANA AVE.,  
TAMPA, FL 33614 US

**Current Mailing Address:**

% JUANITA K. MYERS  
8319 NORTH HABANA AVE.,  
TAMPA, FL 33614

**New Mailing Address:**

FEI Number: 59-2184054      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MYERS, JUANITA K  
8319 NORTH HABANA AVE  
TAMPA, FL 33614

**Name and Address of New Registered Agent:**

MYERS, JUANITA K PRES  
8319 NORTH HABANA AVE  
TAMPA, FL 33614

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.

SIGNATURE: JUANITA K MYERS

03/12/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: MYERS, JUANITA,  
Address: 8319 NORTH HABANA AVENUE  
City-St-Zip: TAMPA, FL 00000,

Title: STD ( ) Delete  
Name: MYERS, JUANITA K.,  
Address: 8319 NORTH HABANA AVENUE  
City-St-Zip: TAMPA, FL

Title: V ( ) Delete  
Name: KELLY, EUGENE,  
Address: 8319 NORTH HABANA AVENUE  
City-St-Zip: TAMPA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUANITA K MYERS

PRES

03/12/2004

Electronic Signature of Signing Officer or Director

Date