


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90003 050 ***150.00

DOCUMENT # F95000001045	
1. Entity Name EBC LAUDERDALE ENTERPRISES, INC.	

Principal Place of Business EBC LAUDERAL ENT., INC. 11465 JOHNS CREEK PKWY, SUITE 300 DULUTH, GA 30097 US	Mailing Address 11465 JOHNS CREEK PARKWAY SUITE 300 DULUTH, GA 30097 US
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2. Principal Place of Business 11330 Lakefield Dr Bldg 2 Ste 200 Duluth, GA 30097 US	3. Mailing Address 11330 Lakefield Dr Bldg 2 Ste 200 Duluth, GA 30097 US
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07012004 Chg-P	CR2E034 (10/03)
4. FEI Number 58-2152780	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 LONG, TERESA 4190 BELFORT RD STE 200 JAX, FL 32216	
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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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DYE, TOM 11465 JOHNS CREEK PARKWAY, #300 DULUTH, GA 30097 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11330 Lakefield Dr Bldg 2 #200 Duluth, GA 30097 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST DYE, MIKE 11465 JOHNS CREEK PARKWAY, #300 DULUTH, GA 30097 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11330 Lakefield Dr Bldg 2 #200 Duluth, GA 30097 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WINCHELL, BRIAN 11465 JOHNS CREEK PARKWAY, #300 DULUTH, GA 30097 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11330 Lakefield Dr Bldg 2 #200 Duluth, GA 30097 <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"/> 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"/> 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"/> 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 another like empowered.	
SIGNATURE: 	7/1/04 770 814 4300 Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	