## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# G04063

KING, TIM

TAMPA, FL

6911 GREENHILL PLACE

Name:

Address:

City-St-Zip:

Entity Name: VOLUME CORPORATION

FILED Apr 12, 2004 Secretary of State

Entity Nan	ne: VOLUM	ME CORPORATION						
Current Pr	incipal Pla	ice of Business:	New Prin	New Principal Place of Business:				
% PHIL KIN 6911 GREE TAMPA, FL	ENHILL PLA	ACE						
Current Ma	ailing Add	ress:	New Mail	New Mailing Address:				
% PHIL KIN 6911 GREE TAMPA, FL	ENHILL PLA	ACE						
FEI Number:	59-2358109	FEI Number Applied For (	) FEI Number Not App	olicable ( )	Certifica	ite of Status De	sired ( )	
Name and	Address o	f Current Registered Agen	t: Name and	Name and Address of New Registered Agent:				
KING, PHIL 6911 GREE TAMPA, FL	ENHILL PLA	ACE						
The above in the State		ty submits this statement for	the purpose of changing	its registered	l office or r	egistered age	ent, or both,	
SIGNATUR	RE:							
	Elect	ronic Signature of Registered	d Agent			Date		
Election Cam	npaign Finan	cing Trust Fund Contribution ( ).						
OFFICERS	AND DIR	ECTORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:		()Delete (CHAIRMAN,) NHILL PLACE	Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition		
Title: Name: Address: City-St-Zip:	ST ROGERS, R 6911 GREE TAMPA, FL	( ) Delete HONDA NHILL PLACE	Title: Name: Address: City-St-Zip:		()Change	( ) Addition		
Title: Name: Address: City-St-Zip:	D KING, TOM, 6911 GREE TAMPA, FL	( ) Delete NHILL PL	Title: Name: Address: City-St-Zip:	D KING, TIM, 6911 GREEN TAMPA, FL	(X) Change NHILL PL	( ) Addition		
Title:	D	(X) Delete	Title		( ) Change	( ) Addition		

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.

Name:

Address:

City-St-Zip:

SIGNATURE: RHONDA ROGERS ST 04/12/2004