2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: ARTHUR

## **ANNUAL REPORT (AR)** Feb 11, 2004 8:00 am **Secretary of State DOCUMENT # G06788** 1. Entity Name 02-11-2004 90028 045 \*\*\*150.00 PROMOTEIT.COM, INC. Principal Place of Business Mailing Address 618 PARKWAY CT. WEST PALM BEACH FL 33413 US 618 PABKWAY CT. WEST PALM BEACH FL 33413 US 2. Principal Place of Business 3. Mailing Address Circle 4145 Cedar Creek Ranch Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) ine City & State 4. FEI Number Applied For 59-2243187 Welling ton Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33467-3729 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MICKELSON, ARTHUR J. Street Address (P.O. Box Number is Not Acceptable) 618 PARKWAY CT. WEST PALM BEACH FL 33413 <sup>Zig</sup> <sup>Cg</sup>467 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. ARTHUR I mickelson FILE NOW! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSD** Change TITLE ☐ Delete TITLE ☐ Addition 4145 Cedar Creek Ranch Circle Wellington, FL 33467-3729 NAME MICKELSON, ARTHUR NAME 618 PARKWAY CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH PL 33413 CITY ST 7IP ☐ Delete TITLE Cedar Creek Ranch Circle MICKELSON, LOIS NAME 618 PARKWAY CT STREET ADDRESS STREET ADDRESS ing ton, PL 33467-3729 WEST PALM BEACH FL 33413 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME .... NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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. Floring 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.

FILED