

FILED


Feb 25, 2004 08:00 AM

Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G18673

1. Entity Name  
7 T'S ENTERPRISES, INC.



Principal Place of Business  
9905 CLINT MOORE ROAD  
BOCA RATON, FL 33496-1016

Mailing Address  
9905 CLINT MOORE ROAD  
BOCA RATON, FL 33496-1016

DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2245115

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, RICHARD L  
9905 CLINT MOORE RD  
BOCA RATON, FL 33496

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

000000065643  
02/25/04-80046-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P THOMAS, STEPHEN 9905 CLINT MOORE RD BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LASALLE, KATHY 9905 CLINT MOORE ROAD BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD THOMAS, CINDY 9905 CLINT MOORE ROAD BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ANDERSHOCK, JANE. 9905 CLINT MOORE ROAD BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV THOMAS, NORMAN 9905 CLINT MOORE RD BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV THOMAS, JOHN JR 9905 CLINT MOORE RD BOCA RATON, FL

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: 2/23/04 DAYTIME PHONE #: 561-482-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN U. THOMAS