

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 08:00 AM
Secretary of State

DOCUMENT # H56792

1. Entity Name
PAGE ONE FAMILY, INC.



Principal Place of Business
**% JAMES M. WEAVER
240 PARK AVE.
LAKE WALES, FL 33853**

Mailing Address
**% JAMES M. WEAVER
240 PARK AVE.
LAKE WALES, FL 33853**



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1625462

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WEAVER, JAMES M.
240 PARK AVENUE
LAKE WALES, FL 33853**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U00000053134

02/17/04-80025-002 150.00

**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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
PAGE, EDWIN H.
1709 BEAVER GRADE RD
MOON TOWNSHIP, PA 15108**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VSTD
SCHLECK, JULIE P
714 NORTHRIDGE DRIVE
WEST LAFAYETTE, IN 47906**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE: *Edwin H. Page, Jr.* (**EDWIN H. PAGE, JR.**)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 3, 2004

Date

(412)-262-1528

Daytime Phone #