


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2004 08:00 AM
Secretary of State

DOCUMENT # H80863 1. Entity Name SOFTWAREWIZARDRY, INC.		
Principal Place of Business 7985 113TH ST 218 SEMINOLE, FL 33772 US	Mailing Address 7985 113TH ST 218 SEMINOLE, FL 33772 US	
DO NOT WRITE IN THIS SPACE		



03052003 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2639679	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 CLEMONS, BRETT 7985 113TH ST, #218 SEMINOLE, FL 33772	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CLEMONS, BRETT LEE 15324 WINDING CREEK DRIVE TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/14/04-80004-008 150.00**

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.17.04 (813)-390-0624
Date Daytime Phone #