


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90013 045 \*\*\*150.00

<b>DOCUMENT # H85197</b>	
<b>1. Entity Name</b> VAN DORSTEN CORPORATION, INC.	

<b>Principal Place of Business</b> 1639 SEND WAY LUTZ FL 33549 US	<b>Mailing Address</b> PO BOX 94 LUTZ FL 33549 US
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<b>2. Principal Place of Business</b> 4201 Jessie Harbor Dr. Suite, Apt. #, etc.	<b>3. Mailing Address</b> P.O. Box 392 Suite, Apt. #, etc.
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<b>City &amp; State</b> Osprey, FL	<b>City &amp; State</b> Osprey FL
<b>Zip</b> 34229	<b>Zip</b> 34229
<b>Country</b> USA	<b>Country</b> USA



MOORE CR2E034 (11/03)

<b>4. FEI Number</b> 59-2598181	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> DORSTEN, EDNA VAN 1639 SEND WAY LUTZ FL 33549	<b>7. Name and Address of New Registered Agent</b> Name: Edna Van Dorsten Street Address (P.O. Box Number is Not Acceptable): 4201 Jessie Harbor Dr. City: Osprey State: FL Zip Code: 34229
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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 a registered agent.**

SIGNATURE: *Edna Van Dorsten* Edna Van Dorsten 3/23/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004, Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST VAN DORSTEN, EDNA 1639 SEND WAY LUTZ FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4201 Jessie Harbor Dr. Osprey, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Edna Van Dorsten <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** *Edna Van Dorsten* Edna Van Dorsten 3/23/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #