2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004
Secretary of State

DOCUMENT# H98513

Entity Name: LARAINE'S OF FISHERMEN'S VILLAGE INC.

Current Principal Place of Business:

1200 RETTA ESPLANDE M-19
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

114 ROBINA STREET
PT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 59-2635783 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PROVENCE, LARAINE R.
114 ROBINA ST.
PT. CHARLOTTE, FL 33954 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PROVENCE, LARAINE R
Address: 114 ROBINA ST.
City-St-Zip: PT. CHARLOTTE, FL 33954

Title: S ( ) Delete
Name: PROVENCE, DOROTHY
Address: 230 MADRID BLVD
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARAINE R PROVENCE PRES 02/25/2004

Electronic Signature of Signing Officer or Director — Date