

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90107 008 \*\*\*150.00

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02122004 Chg-P CR2E034 (10/03)

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>DOCUMENT # J45770</b><br>1. Entity Name<br><b>ANTON ENTERPRISES, INC.</b>  |   |  |   |   |  |
| Principal Place of Business<br><b>27001 US 19, N<br/>8520<br/>CLEARWATER, FL 34621 US</b>   |   |  | Mailing Address<br><b>1919 DUNLOE CIR.<br/>DUNEDIN, FL 34698</b>  |   |  |
| 2. Principal Place of Business<br><b>27001 US 19 North</b>  |   | 3. Mailing Address<br>Suite, Apt. #, etc.<br><b>Suite # 8520</b>             |   |   |  |
| City & State<br><b>CLEARWATER FL.</b>   |   | City & State<br><b>DUNEDIN FL.</b>   |   | 4. FEI Number<br><b>59-2739564</b>  |  |
| Zip<br><b>33761</b>   |   | Country<br><b>USA</b>  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ANTON, NICK<br/>13 BOOTH BLVD.<br/>SAFETY HARBOR, FL 34695</b>  |   |  | 7. Name and Address of New Registered Agent<br>Name <b>ANTON, NICK</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1919 DUNLOE CIRCLE</b><br><b>DUNEDIN</b><br>City <b>FL</b> Zip Code <b>34698</b> |   |  |
| 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.<br>SIGNATURE <i>Nick Anton</i> DATE <b>4/13/04</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>ANTON, NICK<br>13 BOOTH BLVD.<br>SAFETY HARBOR, FL | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>ANTON, NICK<br>1919 Dunloe Circle<br>Dunedin, FL 34698  |
|   |   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>ANTON, VASO<br>13 BOOTH BLVD.<br>SAFETY HARBOR, FL | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>ANTON, VASO<br>1919 DUNLOE CIRCLE<br>DUNEDIN, FL. 34698 |
|   |   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |
|   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |
|   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>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: <i>Nick Anton</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |  | Date <b>4/13/04</b> Daytime Phone # <b>727-797-4411</b>   |   |  |