


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90466 025 ***150.00

DOCUMENT # J65023

1. Entity Name
BOARDWALK ENTERPRISES, INC.



Principal Place of Business Mailing Address

31608 US HWY 19 N **31608 US HIGHWAY 19 N**
PALM HRBOR, FL 34684 US **PALM HRBOR, FL 34684**

2. Principal Place of Business 3. Mailing Address


P.O. Box 5226 **P.O. Box 5226**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

CLEARWATER, FL **CLEARWATER FL**

Zip Country Zip Country

33758 USA **33758-5226 USA**



05062004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

QUATTROCKI, JOHN J.
31608 US HWY 19 N
PALM HRBOR, FL 34684

4. FEI Number Applied For

59-2826126 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

619 MARINA AVE **33765**

City **CLEARWATER** FL ~~33758~~ Zip Code

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:  **JOHN QUATTROCKI** DATE: **4-30-2004**

Signature based on printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUATTROCKI, JOHN	NAME	P.O. Box 5226
STREET ADDRESS	31608 US HIGHWAY 19 N	STREET ADDRESS	CLEARWATER, FL 33758-5226
CITY-ST-ZIP	PALM HARBOR, FL 34684	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **JOHN QUATTROCKI** DATE: **4-30-2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #