

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K11008

Entity Name: STAT-LINE INDUSTRIES, INC.

FILED  
Jul 10, 2004  
Secretary of State

## Current Principal Place of Business:

2050 HAINES ST  
JACKSONVILLE, FL 32206 US

## New Principal Place of Business:

## Current Mailing Address:

2050 HAINES ST  
JACKSONVILLE, FL 32206 US

## New Mailing Address:

FEI Number: 59-2863484

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GLAZIER & GLAZIER, P.A.  
8825 PERIMETER PARK BLVD  
SUITE 504  
JACKSONVILLE, FL 32216 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ASSAF, ROBERT A.,  
Address: 2050 HAINES STREET  
City-St-Zip: JACKSONVILLE, FL 32206

Title: VP ( ) Delete  
Name: ASSAF, ALLAN D.  
Address: 2050 HAINES STREET  
City-St-Zip: JACKSONVILLE, FL

Title: ST ( ) Delete  
Name: ASSAF, MICHAEL A  
Address: 2050 HAINES STREET  
City-St-Zip: JACKSONVILLE, FL 32206

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ALLAN ASSAF

VP

07/10/2004

Electronic Signature of Signing Officer or Director

Date