


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90081 001 \*\*\*900.00

<b>DOCUMENT # L39089</b>	
1. Entity Name <b>THE VOLUSIA HOLDINGS CORPORATION</b>	

Principal Place of Business <del>2 BIRCHWOOD TRAIL</del> ORMOND BEACH, FL 32174 US	Mailing Address <del>2 BIRCHWOOD TRAIL</del> ORMOND BEACH, FL 32174 US
--	--

**66406793**



2. Principal Place of Business <b>280 MELROSE AVENUE</b>	3. Mailing Address <b>280 MELROSE AVENUE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02102004 Chg-P CR2E034 (10/03)

City & State	City & State
Zip	Country

4. FEI Number <b>59-2982494</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent	
ANANIA, MARY K <del>2 BIRCHWOOD TRAIL</del> <b>280 MELROSE AVENUE</b> ORMOND BCH, FL 32174	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 <i>Mary K Anania</i>	DATE <b>3-15-04</b>
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
---	---	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	ANANIA, JANET
STREET ADDRESS	<del>2 BIRCHWOOD TRAIL</del>
CITY - ST - ZIP	ORMOND BEACH, FL <b>32174</b>
TITLE	T <input type="checkbox"/> Delete
NAME	ANANIA, MARY K
STREET ADDRESS	<del>2 BIRCHWOOD TRAIL</del>
CITY - ST - ZIP	ORMOND BEACH, FL
TITLE	VP <input type="checkbox"/> Delete
NAME	ANANIA, JOSEPH V
STREET ADDRESS	<del>2 BIRCHWOOD TRAIL</del>
CITY - ST - ZIP	ORMOND BEACH, FL 32174
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>280 MELROSE AVENUE</b>
CITY - ST - ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>280 MELROSE AVENUE</b>
CITY - ST - ZIP	<b>32174</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>280 MELROSE AVENUE</b>
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: <i>Mary K Anania</i>	DATE <b>3-15-04</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	