

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L40774

FILED
Feb 01, 2004
Secretary of State

Entity Name: ST. PETE COMPLETE, INC.

Current Principal Place of Business:

4610 46TH AVE N
SAINT PETERSBURG, FL 33714 US

New Principal Place of Business:

Current Mailing Address:

4610 46TH AVE N
SAINT PETERSBURG, FL 33714 US

New Mailing Address:

FEI Number: 59-2985903 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAZE, ROBERT L.
5015 N 30 AVE
ST. PETERSBURG, FL 33710 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: DVT () Delete
Name: MAZE, ROBERT L.,
Address: 5015 30TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL

Title: DSP () Delete
Name: MAZE, KAREN M.,
Address: 5015 30TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL

Title: VP () Delete
Name: MAZE, BILL,
Address: 4466 46TH ST
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: AS () Delete
Name: MAZE, RUSSELL,
Address: 66247 OXFORD RD
City-St-Zip: PINELLAS PARK, FL 33782

Title: D () Delete
Name: AVERBECK, LORI
Address: 15623 LUCILLE CT
City-St-Zip: CANYON COUNTRY, CA 91351

Title: D () Delete
Name: MAZE, DAVID
Address: 4200 ROSEMEAD BLVD APT 105
City-St-Zip: PICO RIVERA, CA 90660

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:

Title: () Change () Addition
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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: ROBERT L. MAZE

DVT

02/01/2004

Electronic Signature of Signing Officer or Director

_____ Date