


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90031 047 ***158.75

DOCUMENT # L48014

1. Entity Name
ADVANCED PAYLESS COMMUNICATIONS CORP.



Principal Place of Business
**1120 VIRGINIA AVE.
 PALM HARBOR FL 34683
 US**

Mailing Address
**1120 VIRGINIA AVE.
 PALM HARBOR FL 34683
 US**



MOORE CR2E034 (11/03)

2. Principal Place of Business
**90 S. Highland Ave
 Suite, Apt. #, etc. #1107**

3. Mailing Address
**1324 Seven Springs Blvd
 Suite, Apt. #, etc. #307**

City & State
Tarpon Springs Fla

City & State
New Port Richey FL

Zip
34689

Country
USA

Zip
34655

Country
USA

4. FEI Number
59-2996843

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BRESLIN, RICHARD
 1120 VIRGINIA AVE.
 PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent

Name
Richard Breslin

Street Address (P.O. Box Number is Not Acceptable)
90 S. Highland Ave #1107

City
Tarpon Springs FL

Zip
34689

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		
TITLE P	BRESLIN, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS 1120 VIRGINIA AVE.		
CITY-ST-ZIP PALM HARBOR FL 34683		
TITLE VPS	BRESLIN, JENNIFER	<input type="checkbox"/> Delete
STREET ADDRESS 1120 VIRGINIA AVE.		
CITY-ST-ZIP PALM HARBOR FL 34683		
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 P. Richard Breslin		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 90 S. Highland Ave #1107		
CITY-ST-ZIP Tarpon Springs FL 34689		
TITLE VPS Jennifer Breslin		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 90 S. Highland Ave #1107		
CITY-ST-ZIP Tarpon Springs FL 34689		
TITLE		<input checked="" 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		
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 officers empowered.

SIGNATURE: *Richard Breslin* Date: 3-16-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR