2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L49183

1. Entity Name

NINETY-TWO FIFTY FOWLER CORPORATION



Principal Place of Business

13902 N DALE MABRY

SUITE 260

GILL, MARVIN D

TAMPA, FL 33618

SIGNATURE:

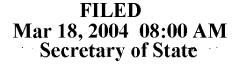
13902 N DALE MABRY, SUITE 260 SUITE 209

TAMPA, FL 33618 US

Mailing Address

%MARVIN D GILL PO BOX 18444

TAMPA, FL 33679-8444 US





DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01082004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2990589

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, it is statement for the purpose of changing its registered office or registered agent. or both, it is statement for the purpose of changing its registered agent. or both, it is statement for the purpose of changing its registered agent. or both, it is statement for the purpose of changing its registered agent. or both, it is statement for the purpose of changing its registered office or registered agent. Or both, it is statement for the purpose of changing its registered agent.					
SIGNATURE					
Signature, typied or printed name of registered agent and title if applicable (RVOTE Registered Agent signature required when rehalating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.			oing 🖸	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILL, MARVIN D 13902 N DALE MABRY TAMPA, FL 33618	-			
TIFLE NAME STREET ADDRESS CITY - ST - ZIP					U00000091474 03/18/04-80010-009 150.00
Title Name Street Address City-St-Zip				DO	NOT WRITE
title Name Street Address City-St-789		-		IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE 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.					