


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90035 015 ***150.00

DOCUMENT # L96574

1. Entity Name
 SIESTA KEY MEDICAL SUPPLIES, INC.



Principal Place of Business Mailing Address

PO BOX 50008 PO BOX 50008
 SARASOTA, FL 34232 US SARASOTA, FL 34232 US

2. Principal Place of Business 3. Mailing Address

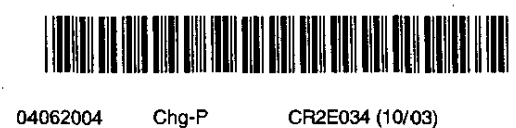
4215 Higel av 4215 Higel av
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

SARASOTA, FL SARASOTA, FL

Zip Country Zip Country

34242 US 34242 US



6. Name and Address of Current Registered Agent

MORRIS, J Z
 302 TATUM ROAD
 SARASOTA, FL 34240

4. FEI Number Applied For

65-0214585 Not Applicable

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

7. Name and Address of New Registered Agent

Name: KUSTER Geraldine
 Street Address (P.O. Box Number is Not Acceptable):
 4215 Higel av
 City, State, Zip Code: SARASOTA, FL 34242

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: Kuster KUSTER GERALDINE 4/7/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPT	<input checked="" type="checkbox"/> Delete	TITLE	KUSTER GERALDINE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, J. Z.		NAME		
STREET ADDRESS	302 TATUM ROAD		STREET ADDRESS	4215 Higel av	
CITY-ST-ZIP	SARASOTA, FL 34240		CITY-ST-ZIP	SARASOTA, FL, 34242	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, J Z		NAME		
STREET ADDRESS	302 TATUM ROAD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34240		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Kuster 4/7/04 941-408-7006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #