


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> M96201	
<b>1. Entity Name</b> ONE TWO VICTOR, INC.	

<b>Principal Place of Business</b> 717 S NEWPORT TAMPA, FL 33606-9932	<b>Mailing Address</b> 717 S NEWPORT TAMPA, FL 33606-9932
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**DO NOT WRITE IN THIS SPACE**



03312004 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> NOT APPLICABLE	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  DENDRINOS, STEVE 4935 SAN RAFAEL TAMPA, FL 33629	<b>DO NOT WRITE IN THIS SPACE</b>
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**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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	D
<b>NAME</b>	DENDRINOS, STEVE
<b>STREET ADDRESS</b>	4935 SAN RAFAEL
<b>CITY-ST-ZIP</b>	TAMPA, FL
<b>TITLE</b>	D
<b>NAME</b>	BROOKER, A. RAYMOND
<b>STREET ADDRESS</b>	717 S. NEWPORT
<b>CITY-ST-ZIP</b>	TAMPA, FL
<b>TITLE</b>	D
<b>NAME</b>	AHEARN, JAMES P.
<b>STREET ADDRESS</b>	9520 WINDSONG LANE
<b>CITY-ST-ZIP</b>	TAMPA, FL
<b>TITLE</b>	D
<b>NAME</b>	PINES, RAYMOND
<b>STREET ADDRESS</b>	601 E TWIGGS ST STE 100
<b>CITY-ST-ZIP</b>	TAMPA, FL
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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04/05/04-80029-003 150.00

**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:** A. Raymond Brooker A. Raymond Brooker 3/31/04 813-253-5753  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #