



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000002333	
1. Entity Name PRISONERS OF LOVE INC.	

Principal Place of Business P.O. BOX 20744 TAMPA, FL 33622-0744	Mailing Address P.O. BOX 20744 TAMPA, FL 33622-0744
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DO NOT WRITE IN THIS SPACE



02182004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3708666	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DEVINE, MARECIA S
12407 JOEL COURT
TAMPA, FL 33612

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

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT DEVINE, MARECIA S 12407 JOEL COURT TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT DEVINE, MILTON 12407 JOEL COURT TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS GREEN, SANDRA R 12407 JOEL COURT TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/23/04-80178-018 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: *Marecia S. Devine* **Marecia S. Devine, President/Treasurer** **02-19-2004** **813-615-1014**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #