


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91231 035 \*\*\*\*61.25

<b>DOCUMENT #</b> N02000000773	
<b>1. Entity Name</b> EXCELLENCE THROUGH THE ARTS, INC.	

<b>Principal Place of Business</b> 220 E. MADISON STREET SUITE 1223 TAMPA, FL 33602	<b>Mailing Address</b> 220 E. MADISON STREET SUITE 1223 TAMPA, FL 33602
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04292004 Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> <del>NOT APPLICABLE</del> 30-0037819	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> LOWREY, JOHNNY 2510 E. YUKON STREET TAMPA, FL 33604	<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PD <input type="checkbox"/> Delete	<b>NAME</b> LOWREY, JOHNNY	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 2510 E. YUKON		<b>NAME</b>	
<b>CITY-ST-ZIP</b> TAMPA, FL 33604		<b>STREET ADDRESS</b>	
<b>TITLE</b> TD <input type="checkbox"/> Delete	<b>NAME</b> MORTELLARO, DOUGLAS J	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 18125 US HWY. 41 N. #206		<b>NAME</b>	
<b>CITY-ST-ZIP</b> LUTZ, FL 33549		<b>STREET ADDRESS</b>	
<b>TITLE</b> VD <input checked="" type="checkbox"/> Delete	<b>NAME</b> RODRIGUEZ, SANTOS H	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 2325 LAKE ELLEN DR.		<b>NAME</b>	
<b>CITY-ST-ZIP</b> TAMPA, FL 33618		<b>STREET ADDRESS</b>	
<b>TITLE</b> • <input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b> VP Lonnie Homenuck	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b> 601 N Ashley, Suite 1200	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b> Tampa, FL 33602	
<b>TITLE</b> <input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**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 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:** \_\_\_\_\_ **4/30/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Johnny Lowrey