


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000009659 1. Entity Name FLORIDA EGYPTIAN SOCIETY, INC.	
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Principal Place of Business 625 COURT STREET SUITE 200 CLEARWATER, FL 33756	Mailing Address 625 COURT STREET SUITE 200 CLEARWATER, FL 33756
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DO NOT WRITE IN THIS SPACE



01092004 No Chg-NP CR2E037 (10/03)

4. FEI Number 11-3668989	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARQUARDT, EMIL C JR 625 COURT STREET SUITE 200 CLEARWATER, FL 33756	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE 02/11/04-80085-016 8.75
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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	02/11/04-80085-015 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SOLIMAN, FAWZI 7533 TOMEI DRIVE SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEDEIA, MEDHAT 1800 GULF BOULEVARD BELLEAIR SHORE, FL 33786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSMAN, MAGDY 1800 GULF BOULEVARD BELLEAIR SHORE, FL 33786
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**DO NOT WRITE
IN THIS SPACE**

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: 	1-23-04
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>