

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000000976

**FILED**  
**May 28, 2004**  
**Secretary of State****Entity Name:** HANDS UP, INC.**Current Principal Place of Business:**2310 52 STREET SOUTH  
GULFPORT, FL 33707**New Principal Place of Business:****Current Mailing Address:**2310 52 STREET SOUTH  
GULFPORT, FL 33707**New Mailing Address:****FEI Number:** 04-3737878**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WILLIAMS, REBECCA  
2310 52 STREET SOUTH  
GULFPORT, FL 33707 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WILLIAMS, REBECCA  
Address: 2310 52 STREET SOUTH  
City-St-Zip: GULFPORT, FL 33707

Title: SD ( ) Delete  
Name: BRYANT, JULIE  
Address: 6617 67 LANE NORTH  
City-St-Zip: PINELLAS PARK, FL 33781

Title: TD ( ) Delete  
Name: FARRELL, KATHLEEN  
Address: 316 21 AVE N  
City-St-Zip: ST PETERSBURG, FL 33704

Title: D ( ) Delete  
Name: HALL, YOLANDA  
Address: 1400 15 ST NORTH  
City-St-Zip: ST PETERSBURG, FL 33704

Title: D (X) Delete  
Name: GREENE, PERRY  
Address: 801 2 ST NORTH  
City-St-Zip: ST PETERSBURG, FL 33701

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REBECCA A. WILLIAMS

PD

05/28/2004

Electronic Signature of Signing Officer or Director

Date