

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

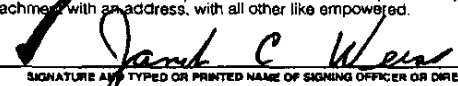
FILED
Feb 20, 2004 8:00 am
Secretary of State

02-05-2004 90014 049 ****61.25

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01132004 Chg-NP CR2E037 (10/03)

DOCUMENT # N03000005075					
1. Entity Name FILLING AREA NEEDS, INC.					
Principal Place of Business 3405 65 ST E BRADENTON, FL 34208			Mailing Address 3405 65 ST E BRADENTON, FL 34208		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 30-0185026	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FOLZ, WILLIAM 3405 65 ST E BRADENTON, FL 34208				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make check payable to: Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	WEISS, JANET	NAME			
STREET ADDRESS	3405 65 ST E	STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34208	CITY-ST-ZIP			
TITLE	VS ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	JAIN, ANITA	NAME			
STREET ADDRESS	3405 65 ST E	STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34208	CITY-ST-ZIP			
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	FOLZ, WILLIAM	NAME			
STREET ADDRESS	3405 65 ST E	STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34208	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		JAN 26 2004 941-242-0149			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JANET C. WEISS		Date Daytime Phone #			