

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000105

FILED
Sep 08, 2004
Secretary of State**Entity Name:** MY ANON, CORPORATION**Current Principal Place of Business:**2107 HIDDEN GROVE LANE
APT. 36A
MERRITT ISLAND, FL 32953 US**New Principal Place of Business:****Current Mailing Address:**1000 VIZCAYA LAKES RD.
APT. 109
OCOOE, FL 34761 US**New Mailing Address:****FEI Number:** **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KOHN, KRISTINA M
1000 VIZCAYA LAKES ROAD
APT. 109
OCOOE, FL 34761 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: CEO () Delete
Name: BENNISON, PAUL A
Address: 45 N TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: CFO () Delete
Name: BERTUZZI, MICHELE W
Address: 2107 HIDDEN GROVE LN., APT. 36A
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: T/SE () Delete
Name: KOHN, KRISTINA M
Address: 1000 VIZCAYA LAKES RD., APT. 109
City-St-Zip: OCOOE, FL 34761 US

Title: CTO () Delete
Name: JACKSON, DONALD
Address: 5682 BRECKENRIDGE CIRCLE
City-St-Zip: ORLANDO, FL 32818 US

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:

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: KRISTINA M. KOHN

T/SE

09/08/2004

Electronic Signature of Signing Officer or Director_____
Date