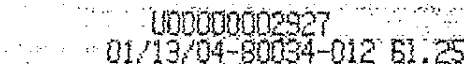


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2004 08:00 AM
Secretary of State**

DOCUMENT # N31098 1. Entity Name THE FLYING FOUR, INC.			
Principal Place of Business 111-11TH AVE N SAINT PETERSBURG, FL 33701		Mailing Address 111-11TH AVE N SAINT PETERSBURG, FL 33701	
DO NOT WRITE IN THIS SPACE			
		01092004 No Chg-NP CR2E037 (10/03)	
		4. FEI Number 59-2985101	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MASHEFF, MICHAEL 111-11TH AVE N SAINT PETERSBURG, FL 33701		DO NOT WRITE IN THIS SPACE	
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 reappointing) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASHEFF, MICHAEL 111-11TH AVE N SAINT PETERSBURG, FL 33701		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MASHEFF, ELEANOR 15761 RIVERSIDE DR LIVONIA, MI 48154		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MASHEFF, DOUGLAS 12080 SAN JOSE REDFORD, MI 48239		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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: <i>By Michael S. Masheff</i> MICHAEL S. MASHEFF		9 JAN 4	727 8952481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #