

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90001 028 ****70.00

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DOCUMENT # N36919 1. Entity Name PROJECT RESPONSE, INC.					
Principal Place of Business 745 S APOLLO BLVD MELBOURNE, FL 32901 US			Mailing Address 745 S. APOLLO BLVD MELBOURNE, FL 32901 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3036563	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FITZGERALD, MICHAEL 110 CASSEEKE TRAIL MELBOURNE BEACH, FL 32951				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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____					
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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FITZGERALD, MICHAEL 110 CASSEEKE TRAIL MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CARTER, SCOTT 1235 WILKINSON ST ORLANDO, FL 32803 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DISALVIO, HARRY 641 BLADDOCK ST SEBASTIAN, FL 32958 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITE, FREDERICK 3209 VIRGINIA AVE. FORT PIERCE, FL 34981 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	OK. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUTNER, DURGA DAS 1115 S ROSELAND RD UNIT 10 SEBASTIAN, FL 32958 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11155 Roseland Rd. Unit 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEATH, MARK 1727 OKEECHOBEE RD FORT PIERCE, FL 34950 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Michael Fitzgerald</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/31/04 (321) 633-2042 <small>Daytime Phone #</small>		