


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90012 009 \*\*\*\*70.00

**DOCUMENT # N50140**  
1. Entity Name  
**MAYOR'S BEAUTIFICATION PROGRAM, INC.**



Principal Place of Business: **400 N. TAMPA STREET SUITE 1350 TAMPA FL 33601 US**  
Mailing Address: **400 NORTH TAMPA STREET SUITE 1350 TAMPA FL 33602 US**

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country



MOORE CR2E037 (11/03)

4. FEI Number: **59-3150612**  
Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**BUDE, ERIN**  
**400 N. TAMPA ST.**  
**SUITE 1350**  
**TAMPA FL 33601**

**7. Name and Address of New Registered Agent**  
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: *Erin Bude* (NOTE: Registered Agent signature required when reinstating) DATE: **2/4/04**

**FILE NOW: 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	WILDER, LARRY	100 MADISON STE	TAMPA FL 33602	
	PRESSNER, ROBERT	101 EAST KENNEDY BLVD #3500	TAMPA FL 33602	<input type="checkbox"/> Delete
	ARTHUR, WILLIAM	601 BAYSHORE BLVD STE 830	TAMPA FL 33606	<input checked="" type="checkbox"/> Delete
	BUDE, ERIN	400 NORTH TAMPA STREET STE 1350	TAMPA FL 33602	<input type="checkbox"/> Delete
	PREUSCH, BARRY	4925 INDEPENDENCE PARKWAY	TAMPA FL 33634	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	Jennifer Potter	201 E. Kennedy Blvd	Tampa, FL 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<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: *[Signature]* **PRESIDENT** Date: **02/03/04** Daytime Phone #: **813 242.6677**