

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 03, 2004
Secretary of State**

DOCUMENT# N95000002227

Entity Name: S.U.P.P.O.R.T., INC.

Current Principal Place of Business:

2526 W. SLIGH AVENUE
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

PO BOX 15596
TAMPA, FL 33684

New Mailing Address:

2526 W. SLIGH AVENUE
TAMPA, FL 33614

FEI Number: 59-3463611 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUFORD, KARAN
4208 BRENTWOOD PARK CIRCLE
TAMPA, FL 33624 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: T () Delete
Name: WASHINGTON, GEORGE
Address: 3608 E. LAMBRIGHT STREET
City-St-Zip: TAMPA, FL 33610

Title: DP () Delete
Name: BUFORD, KARAN
Address: 4208 BRENTWOOD PARK CIRCLE
City-St-Zip: TAMPA, FL 33624

Title: DVP () Delete
Name: PORTER, ANN
Address: 2310 N. BOULEVARD
City-St-Zip: TAMPA, FL 33602

Title: DS () Delete
Name: BRYANT, STALEY N
Address: 4412 CLIMBING IVY
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: COOKE, LENOX
Address: 5310 N. ROME
City-St-Zip: TAMPA, FL 33603

Title: D () Delete
Name: LUIS, NELSON
Address: 901 E. KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33602

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CLARK, CLETUS
Address: 1407 HATCHER LOOP
City-St-Zip: BRANDON, FL 33511

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: KARAN BUFORD/DP

D

05/03/2004

Electronic Signature of Signing Officer or Director

Date

MOSHE FRIEDLER
3706 W. OKLAHOMA STREET
TAMPA, FL 33611