

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90094 030 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000003128

1. Entity Name
SECURITIES TRADING CORPORATION



Principal Place of Business
**255 S. ORANGE AVE., 6TH FLOOR
ORLANDO, FL 32801**

Mailing Address
**P.O. BOX 1511
ORLANDO, FL 32802**

11000000



03222004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3621642

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PINO, LAURENCE J ESQ.
255 S. ORANGE AVE., 6TH FLOOR
ORLANDO, FL 32801**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **PINO, LAURENCE J**
STREET ADDRESS **255 S. ORANGE AVE., 6TH FLOOR**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **T** ☒ Delete
NAME **QUINN, WANDA**
STREET ADDRESS **255 S ORANGE AVE, 6TH FLOOR**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **S** ☐ Delete
NAME **WILSON, PATRICIA T**
STREET ADDRESS **255 S ORANGE AVE**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **P** ☐ Delete
NAME **EARLY, DAVID**
STREET ADDRESS **255 S. ORANGE AVE., 6TH FLOOR**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **David Early**
STREET ADDRESS **255 S. Orange Ave, 6th Floor**
CITY-ST-ZIP **Orlando, FL 32801**

TITLE **T** ☐ Change ☒ Addition
NAME **Craig Nickerson**
STREET ADDRESS **255 S. Orange Ave, 6th Floor**
CITY-ST-ZIP **Orlando, FL 32801**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 4/19/04 407 206-6513

Date

Daytime Phone #