

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 12, 2004 08:00 AM  
Secretary of State

|                                                                         |                                                             |
|-------------------------------------------------------------------------|-------------------------------------------------------------|
| DOCUMENT # P00000004762                                                 |                                                             |
| 1. Entity Name<br>3 G INC.                                              |                                                             |
| Principal Place of Business<br>2662 CRYSTAL CIRCLE<br>DUNEDIN, FL 34698 | Mailing Address<br>2662 CYRSTAL CIRCLE<br>DUNEDIN, FL 34698 |



04062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number<br>59-3620428                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

|                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>PLATINSKY, JANET<br>2662 CRYSTAL CIRCLE<br>DUNEDIN, FL 34698 |
|---------------------------------------------------------------------------------------------------------------------|

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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: *Janet Platinsky* TREAS/SEC JANET PLATINSKY *Apr 6, 04* DATE  
(Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating))

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

1100000108751  
04-12-2004-800005-113 750.00

| 10. OFFICERS AND DIRECTORS                     |                                                                    |
|------------------------------------------------|--------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>SMOUSE, GENI<br>1566 SMALLWOOD CIRCLE<br>CLEARWATER, FL 33755 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>ARNOTT, GARY<br>108 S. AURORA<br>CLEARWATER, FL 33765        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TS<br>PLATINSKY, JANET<br>2662 CRYSTAL CIRCLE<br>DUNEDIN, FL 34698 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                    |

**DO NOT WRITE  
IN THIS SPACE**

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: *Janet Platinsky* TREAS/SEC JANET PLATINSKY *4/6/04* *784-4428*  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #)