

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-27-2004 90056 045 ***150.00

DOCUMENT # P00000010844																																																																																																																					
1. Entity Name MAELSTROM STUDIO LAB, INC.																																																																																																																					
Principal Place of Business 907 N. GARFIELD AVE DELAND, FL 32724			Mailing Address PO BOX 4625 DELAND, FL 32721																																																																																																																		
2. Principal Place of Business 360 N. Delaware Ave			3. Mailing Address																																																																																																																		
Suite, Apt. #, etc. Unit H3			Suite, Apt. #, etc.																																																																																																																		
City & State Deland FL			City & State																																																																																																																		
Zip 32720		Country		Country																																																																																																																	
<div style="display: flex; justify-content: space-between;"> 04222004 Chg-P CR2E034 (10/03) </div>																																																																																																																					
4. FEI Number 59-3649282				Applied For <input type="checkbox"/> Not Applicable																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																					
6. Name and Address of Current Registered Agent HARVEY, ADRIENNE L 907 N. GARFIELD AVE DELAND, FL 32724			7. Name and Address of New Registered Agent																																																																																																																		
Name Adrienne Harvey			Street Address (P.O. Box Number is Not Acceptable) 360 N. Delaware Ave, Unit H3																																																																																																																		
City Deland			FL Zip Code 32720																																																																																																																		
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: <u>Adrienne Harvey</u> <u>Adrienne Harvey</u> <u>4/22/04</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																		
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HARVEY, ADRIENNE L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>907 N. GARFIELD AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELAND, FL 32724</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MOLYNEAUX, KEITH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>907 N. GARFIELD AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELAND, FL 32724</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>360 N. Delaware Ave, H3</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Deland, FL 32720</td> </tr> <tr> <td>TITLE</td> <td>Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>360 N Delaware Ave, H3</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Deland, FL 32720</td> </tr> <tr> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	HARVEY, ADRIENNE L		STREET ADDRESS	907 N. GARFIELD AVE		CITY-ST-ZIP	DELAND, FL 32724		TITLE	VP	<input type="checkbox"/> Delete	NAME	MOLYNEAUX, KEITH		STREET ADDRESS	907 N. GARFIELD AVE		CITY-ST-ZIP	DELAND, FL 32724		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS	360 N. Delaware Ave, H3	CITY-ST-ZIP	Deland, FL 32720	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS	360 N Delaware Ave, H3	CITY-ST-ZIP	Deland, FL 32720	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP	
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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: <u>Keith Molyneux</u> <u>4/22/2004</u> <u>386 736 4483</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																					