

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000024561

Entity Name: METHODFACTORY, INC.

FILED
Jan 30, 2004
Secretary of State

Current Principal Place of Business:

240 N. WASHINGTON BLVD.
SUITE 260
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

240 N. WASHINGTON BLVD.
SUITE 260
SARASOTA, FL 34236 US

New Mailing Address:

FEI Number: 65-0990922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENMAN, MICHAEL
240 N. WASHINGTON BLVD.
SUITE 260
SARASOTA, FL 34236 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PENMAN, MICHAEL
Address: 6694 SCHOONER BAY CIRCLE
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: WILLIAMSON, JAMES
Address: 6694 SCHOONER BAY CIRCLE
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: BRADY, MICHAEL
Address: 6694 SCHOONER BAY CIRCLE
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: BAILEY, JIM
Address: 240 N. WASHINGTON BLVD.
City-St-Zip: SARASOTA, FL 34236

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL PENMAN

PRES

01/30/2004

Electronic Signature of Signing Officer or Director

Date