2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004
Secretary of State

DOCUMENT# P00000027229

Entity Name: TRES PADRES, INC.

Current Principal Place of Business:

3 BELLEVUE DR
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1954
ST. PETERSBURG, FL 337311954

New Mailing Address:

FEI Number: 59-3746847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ENGLANDER, LEONARD S ESQ.
721 1ST AVENUE NORTH
ST. PETERSBURG, FL 33701 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DEL CORSO, NICHOLAS V
Address: 696 1ST AVENUE NORTH, #400
City-St-Zip: ST PETERSBURG, FL 33701

Title: DV ( ) Delete
Name: COFFEEN, THOMAS R
Address: 696 1ST AVENUE NORTH, #400
City-St-Zip: ST PETERSBURG, FL 33701

Title: STD ( ) Delete
Name: BELL, BRIAN E
Address: 696 1ST AVENUE NORTH, #400
City-St-Zip: ST PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DEL CORSO, STEPHANIE J
Address: 696 1ST AVENUE NORTH, #400
City-St-Zip: ST PETERSBURG, FL 33701

Title: DV (X) Change ( ) Addition
Name: COFFEEN, JOELLE L
Address: 696 1ST AVENUE NORTH, #400
City-St-Zip: ST PETERSBURG, FL 33701

Title: STD (X) Change ( ) Addition
Name: BELL, LORI E
Address: 696 1ST AVENUE NORTH, #400
City-St-Zip: ST PETERSBURG, FL 33701

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: STEPHANIE J. DELCORSO PD 07/08/2004

Electronic Signature of Signing Officer or Director — Date