

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAR 23 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03032004 Chg-P CR2E034 (10/03)

4. FEI Number **59-3653710** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOOTH, DONALD L
9641 GULF BLVD.
TREASURE ISLAND, FL 33706

Name

Street Address (P.O. Box Number is Not Acceptable)

8751 Ulmerton Rd

City **Largo**

FL

Zip Code **33771**

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 installing)

900030966599
03/24/04--01016--024 *600.00**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WOLF, BRYON	
STREET ADDRESS	9641 GULF BLVD.	
CITY - ST - ZIP	TREASURE ISLAND, FL 33706	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	WOLF, FRED	
STREET ADDRESS	9641 GULF BLVD	
CITY - ST - ZIP	TREASURE ISLAND, FL 33706	
TITLE	V	<input type="checkbox"/> Delete
NAME	ELIASSON, ROY	
STREET ADDRESS	3006 LONGBROOKE WAY	
CITY - ST - ZIP	CLEARWATER, FL 33760	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	REILLY, DAVID	
STREET ADDRESS	1102 2ND AVENUE SOUTH	
CITY - ST - ZIP	TIERRA VERDE, FL 33715	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 an officer or trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/04

727-471-0288

Date

Daytime Phone #