

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90006 045 ***150.00

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07082004 Chg-P CR2E034 (10/03)

DOCUMENT # P00000048546 1. Entity Name LISA ST. LOUIS PA					
Principal Place of Business 3349-2 ALOVETTE CIRCLE FORT MYERS, FL 33907			Mailing Address 3349-2 ALOVETTE CIRCLE FORT MYERS, FL 33907		
2. Principal Place of Business 1610 Cornwallis PK Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.		4. FEI Number 65-1001148 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
City & State Cape Coral FL		City & State			
Zip 33904		Country USA			
Zip 33904		Country USA			
6. Name and Address of Current Registered Agent ST LOUIS, LISA 33492 ALOVETTE CIRCLE FORT MYERS, FL 33907				7. Name and Address of New Registered Agent Name: POWERS LISA Street Address (P.O. Box Number is Not Acceptable): 1610 Cornwallis PK Cape Coral City: Cape Coral FL Zip Code: 33904	
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>Lisa Powers</u> DATE: <u>7-7-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME ST LOUIS, LISA STREET ADDRESS 3349-2 ALOVETTE CIRCLE CITY-ST-ZIP FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Delete		TITLE POWERS LISA NAME 1610 Cornwallis PK STREET ADDRESS Cape Coral FL CITY-ST-ZIP 33904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE POWERS, LISA NAME 1610 Cornwallis PK STREET ADDRESS Cape Coral FL CITY-ST-ZIP 33904	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Lisa Powers</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>7-7-04</u> Daytime Phone #: <u>239-542-6977</u>		