

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000064964

1. Entity Name
 1ST PLACE TEAM SALES, INC.



Principal Place of Business 620 S.W. 13TH STREET OCALA, FL 34474	Mailing Address 620 S.W. 13TH STREET OCALA, FL 34474
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DO NOT WRITE IN THIS SPACE



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3659503	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OLSON, DANIELLE
 620 S.W. 13TH STREET
 OCALA, FL 34474

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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: *Danielle Olson* DATE: 7/1/04

Signature typed or printed name of registered agent and (title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

U00000170354
 08/18/04-80003-001 558.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD OLSON, DANIELLE 620 S.W. 13TH STREET OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OLSON, TROY A 620 S.W. 13TH STREET OCALA, FL 34474
TITLE 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 19.07(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: *Danielle Olson* DATE: 352-867-8326

Signature and typed or printed name of signing officer or director