

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90032 037 ***150.00

DOCUMENT # P0000065712

1. Entity Name

43RD AVENUE TRADE CENTER, INC.



Principal Place of Business

900 9 PLACE
 VERO BEACH FL 32960

Mailing Address

900 9 PLACE
 VERO BEACH FL 32960

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State

City & State

4. FEI Number

65-1026326

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SULLIVAN, CHARLES A SR
 900 9 PLACE
 VERO BEACH FL 32960

Name

Same

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

3100 43rd Avenue

City

Vero Beach

FL

Zip Code 32960

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

Patricia S. Radford

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SULLIVAN, CHARLES A JR	
STREET ADDRESS	900 9TH PLACE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SULLIVAN, MICHAEL A	
STREET ADDRESS	900 9TH PLACE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SULLIVAN, KATHLEEN R	
STREET ADDRESS	900 9TH PLACE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RADFORD, PATRICIA S	
STREET ADDRESS	900 9TH PLACE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE: *Patricia S. Radford* 1-27-04 direct

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #