


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000074668	
1. Entity Name SIRIUS MEDICAL SUPPLY CO.	

Principal Place of Business 1300 S. HIGHLAND AVENUE CLEARWATER, FL 33756	Mailing Address 1300 S. HIGHLAND AVENUE CLEARWATER, FL 33756
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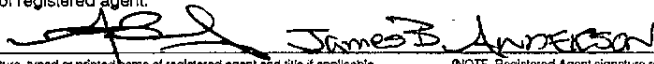
DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3660736	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	


6. Name and Address of Current Registered Agent ANDERSON, JAMES B 424 CYPRESS VIEW DRIVE OLDSMAR, FL 34677	DO NOT WRITE IN THIS SPACE
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  James B. Anderson	1/7/05 DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000178823 01/12/05 80033-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDERSON, JOHN C 2350 N.E. COACHMAN RD. CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ANDERSON, JAMES B 424 CYPRESS VIEW DRIVE OLDSMAR, FL 34677
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**DO NOT WRITE
IN THIS SPACE**

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:  James B. Anderson	1/5/05 Date	727-447-2998 Daytime Phone #