

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Feb 17, 2004 8:00 am
Secretary of State**

02-17-2004 90034 002 ***150.00

DOCUMENT # P00000078055

1. Entity Name:
478 PARTNERS, INC.



Principal Place of Business
**17925 CORALWOOD LANE
GROVELAND, FL 34736**

Mailing Address
**17925 CORALWOOD LANE
GROVELAND, FL 34736**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02112004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3665036

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

**RAMNARAIN, SUABI
17925 CORALWOOD LANE
GROVELAND, FL 34736**

Name

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

City

FL

Zip Code

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 date if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FIL F NOW!!! FFF 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **RAMNARAIN, SUABI**
STREET ADDRESS **17925 CORALWOOD LANE**
CITY-ST-ZIP **GROVELAND, FL 34736**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **RAMLAKHAN, SINGH**
STREET ADDRESS **1738 WOODVIOLETT DR**
CITY-ST-ZIP **ORLANDO, FL 32824**

TITLE **P.** ☒ Change ☐ Addition
NAME **JOHN J. ANTONY**
STREET ADDRESS **P.O. BOX 254**
CITY-ST-ZIP **CLERMONT, FL 34712**

TITLE ☐ Delete
NAME **MCCLUNG, KEVIN L**
STREET ADDRESS **851 S LAKE AVE**
CITY-ST-ZIP **GROVELAND, FL 34736**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *Suabi Ramnarain*