


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90071 008 ***158.75

DOCUMENT # P0000078498

1. Entity Name
DETOUR, INC.



Principal Place of Business
4613 UNIVERSITY DR #241
CORAL SPRINGS, FL 33067

Mailing Address
4613 UNIVERSITY DR #241 (CHANGE)
CORAL SPRINGS, FL 33067

24026493



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 610287
 Suite, Apt. #, etc.

03012004 Chg-P CR2E034 (10/03)

City & State
Newton MA

City & State
Newton MA

Zip
02461

Country
USA

4. FEI Number
65-1046581

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STEPHENS, LASCELLE
4613 UNIVERSITY DR #241
CORAL SPRINGS, FL 33067

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	STEPHENS, DEBORAH C	288 NEWBURY ST 4TH FL	BOSTON, MA 02116	<input type="checkbox"/>
D	STEPHENS, LASCELLES	288 NEWBURY ST 4TH FL	BOSTON, MA 02116	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	Stephens, Deborah C	4613 University Drive #241	Coral Springs, FL 33067	<input type="checkbox"/>	<input type="checkbox"/>
D	Stephens, Lascelles	4613 University Drive, #241	Coral Springs, FL 33067	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/12/04
Date Daytime Phone #