2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004
Secretary of State

DOCUMENT# P00000082149

Entity Name: DIRECT FLORIDA, INC.

Current Principal Place of Business:

9043 HARBOR ISLE
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

9043 HARBOR ISLE
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 59-3693823 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ENGEL, BARRY
1250 SOUTH HIGHWAY 17-92
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: BECKER, IRVING
Address: 9043 HARBOR ISLE
City-St-Zip: WINDERMERE, FL 34786

Title: P ( ) Delete
Name: BECKER, ELIANE
Address: 9043 HARBOR ISLE
City-St-Zip: WINDERMERE, FL 34786

Title: T ( ) Delete
Name: BECKER, IRVING
Address: 9043 HARBOR ISLE
City-St-Zip: WINDERMERE, FL 34786

Title: D ( ) Delete
Name: BECKER, ELAINE
Address: 9043 HARBOR ISLE
City-St-Zip: WINDERMERE, FL 34786

Title: D ( ) Delete
Name: BECKER, IRVING
Address: 9043 HARBOR ISLE
City-St-Zip: WINDERMERE, FL 34786

Title: S ( ) Delete
Name: BECKER, ELAINE
Address: 9043 HARBOR ISLE
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRVING BECKER VP 03/25/2004

Electronic Signature of Signing Officer or Director Date