

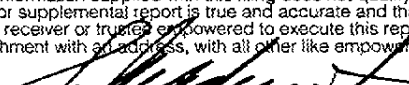


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000098599 1. Entity Name LOBO VENTURES, INC.					
Principal Place of Business 3901 13TH WAY NE ST PETERSBURG FL 33703				Mailing Address 3901 13TH WAY NE ST PETERSBURG FL 33703	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3677520 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CLARK, ROBERT P 3901 13TH WAY NE ST PETERSBURG FL 33703				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature: Typed or printed name of registered agent and title if applicable</small>					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARK, ROBERT P 3901 13TH WAY NE ST PETERSBURG FL 33703			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
STD WADSWORTH, LON C 597 COREY AVE SAINT PETERSBURG FL 33706				000000037917 02/06/04-80118-003 150.00	
WADSWORTH, LON C 597 COREY AVE SAINT PETERSBURG FL 33706				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
597 COREY AVE SAINT PETERSBURG FL 33706				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
597 COREY AVE SAINT PETERSBURG FL 33706				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
597 COREY AVE SAINT PETERSBURG FL 33706				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
597 COREY AVE SAINT PETERSBURG FL 33706				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
597 COREY AVE SAINT PETERSBURG FL 33706				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  Lon C. Wadsworth Secty/Tres 1/22/04 (727)367-5614					