

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000100470

1. Entity Name
EARTH WIND FIRE & FLOOD, INC.



Principal Place of Business
**6409 LAND O'LAKES BLVD
LAND O'LAKES, FL 34639**

Mailing Address
**6409 LAND O'LAKES BLVD
LAND O'LAKES, FL 34639**

FILED

2004 JUN -2 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03202003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3718684	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KURVIN, STEPHEN H
7 SOUTH LIME AVE
SARASOTA, FL 34237**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

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

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WEBB, E C
STREET ADDRESS	6409 LAND O'LAKES BLVD
CITY-ST-ZIP	LAND O'LAKES, FL 34639

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**800037666828
06/04/04--01038--004 **550.00**

**DO NOT WRITE
IN THIS SPACE**

*km
6/2*

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #