


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

05-17-2004 90009 021 \*\*\*150.00

<b>DOCUMENT # P00000115202</b>	
<b>1. Entity Name</b> TOUCHSTONE HOLDING COMPANY	

<b>Principal Place of Business</b> 1880 S OCEAN DR 606 W HALLANDALE BEACH FL 33009	<b>Mailing Address</b> 1880 S OCEAN DR 606 W HALLANDALE BEACH FL 33009
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

24073030



MOORE CR2E034 (11/03)

<b>4. FEI Number</b> 01-0716716	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  ENGEL, MORTON 2030 SOUTH OCEAN DRIVE HALLANDALE BEACH FL 33009	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> PTD <input type="checkbox"/> Delete	<b>NAME</b> ENGEL, SYDELLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> ENGEL, SYDELLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> ENGEL, SYDELLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 2030 SO OCEAN DR	<b>STREET ADDRESS</b> 2030 SO OCEAN DR	<b>STREET ADDRESS</b> 2030 SO OCEAN DR	<b>STREET ADDRESS</b> 2030 SO OCEAN DR
<b>CITY-ST-ZIP</b> HALLANDALE FL 33009	<b>CITY-ST-ZIP</b> HALLANDALE FL 33009	<b>CITY-ST-ZIP</b> HALLANDALE FL 33009	<b>CITY-ST-ZIP</b> HALLANDALE FL 33009
<b>TITLE</b> VPSD <input type="checkbox"/> Delete	<b>NAME</b> ENGEL, MORTON <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> ENGEL, MORTON <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> ENGEL, MORTON <input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>
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<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>

**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:**

*Sydelle Engel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-04 9544583886  
Date Daytime Phone #

Attachment 24015830  
#P00000115202

TOUCHSTONE HOLDING COMPANY

1880 SOUTH OCEAN DRIVE #606W  
HALLANDALE BEACH, FL 33009  
PH: 954 458 3886 FX: 954 457 9269

May 01, 2004

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

Re: period/Form: 2004 UBR  
FEIN: 01-0716716

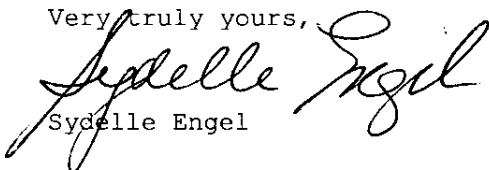
Dear Sir or Madam:

I write on behalf of the above referenced taxpayer, specifically to address the enclosed late filing of the 2004 Uniform Business Report.

The taxpayer did not receive the form via US Mail, in time to file by May 1, 2004. I respectfully request that you consider waiving the penalty that normally follows in this situation, as it is certain to create a financial hardship.

Your consideration toward this matter is greatly appreciated. Please issue a closing letter directly to the taxpayer upon your determination.

Very truly yours,

  
Sydelle Engel

Enclosures