2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State
02-23-2004 90040 007 ***150.00

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1. Entity Name
EMPLOYERS-PARTNER, INC.

Principal Place of Business	Mailing Address
1742 HICKORY GATE DRIVE N DUNEDIN, FL 34698	1742 HICKORY GATE DRIVE N DUNEDIN, FL 34698

02162004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2750 N McMullen Booth Rd	2750 N. McMullen Booth Rd
Suite, Apt. #, etc.: #103	Suite, Apt. #, etc.: #103
City & State: Clearwater, FL	City & State: Clearwater FL
Zip: 33761 Country: Pinellas	Zip: 33761 Country: Pinellas

4. FEI Number: 59-3684943 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOURDEAU, TIMOTHY J. 1441 LOMAN COURT PALM HARBOR, FL 34683	Name: Bourdeau, Timothy J. Street Address (P.O. Box Number is Not Acceptable): 1742 Hickory Gate Dr. N. City: Dunedin FL Zip Code: 34698

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 reinstated)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTO BOURDEAY, TIMOTHY J 1742 HICKORY GATE DR N DUNEDIN, FL 34698	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS BARDEAU, KIMBERLY A 1742 HICKORY GATE DR N DUNEDIN, FL 34698	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 #