


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90050 022 ***150.00

DOCUMENT # P00000117405 1. Entity Name 6TH AVENUE 3-B, INC.	
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Principal Place of Business 9625 ALONZO ROAD WES Kearney Way RIVERVIEW, FL 33569	Mailing Address PO BOX 76009-96 25 WES Kearney Way TAMPA, FL 33675-6009 RIVERVIEW, FL 33569
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DO NOT WRITE IN THIS SPACE



03152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3688262	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

NOBLE, RONALD H
501 EAST KENNEDY BLVD SUITE 1700
TAMPA, FL 33602

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:  James M. Reed DATE: 3/15/04

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KEARNEY, BRYAN G 9625 ALONZO ROAD WES Kearney Way RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KEARNEY, BARRY L 9625 ALONZO ROAD WES Kearney Way RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KEARNEY, CHARLES W JR 9625 ALONZO ROAD WES Kearney Way RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 another like empowered.

SIGNATURE:  James M. Reed DATE: 3/15/04 (813) 621-0855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #