

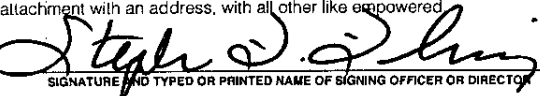


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90048 042 \*\*\*150.00

<b>DOCUMENT # P01000001861</b> 1. Entity Name <b>FLOR-TEX MARKETING, INC.</b>			
Principal Place of Business <b>18874 LOBLOLLY BAY COURT JUPITER, FL 33458</b>		Mailing Address <b>18874 LOBLOLLY BAY COURT JUPITER, FL 33458</b>	
2. Principal Place of Business <b>250 Beach Rd</b> Suite, Apt. #, etc. <b># 103</b> City & State <b>JUPITER FL</b> Zip <b>334109</b> Country <b>Palm Beach</b>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
			
		01142004 Chg-P CR2E034 (10/03)	
		4. FEI Number <b>65-1064939</b>	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FLEMING, STEPHEN F 18874 LOBLOLLY BAY COURT JUPITER, FL 33458</b>		7. Name and Address of New Registered Agent Name <b>FLEMING, STEPHEN F.</b> Street Address (P.O. Box Number is Not Acceptable) <b>250 Beach Rd. #103</b> City <b>JUPITER</b> State <b>FL</b> Zip Code <b>334109</b>	
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>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING, STEPHEN F	NAME	
STREET ADDRESS	18874 LOBLOLLY BAY CT	STREET ADDRESS	
CITY - ST - ZIP	JUPITER, FL 33458	CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING, JANA L	NAME	
STREET ADDRESS	18874 LOBLOLLY BAY CT	STREET ADDRESS	
CITY - ST - ZIP	JUPITER, FL 33458	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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 <b>1-13-2004</b> Daytime Phone # <b>561-745-6163</b>	