2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State
08-16-2004 90012 017 ***150.00

DOCUMENT # P01000016723

1. Entity Name
STRAIGHT LINE INC.

Principal Place of Business	Mailing Address
7945 SE FAIRCHILD WAY HOBE SOUND, FL 33455	7945 SE FAIRCHILD WAY HOBE SOUND, FL 33455

08042004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
713 Commerce Way	713 Commerce Way
Suite, Apt. #, etc.: Bay #27	Suite, Apt. #, etc.: Unit #27
City & State: Jupiter, FL	City & State: Jupiter, FL
Zip: 33458 Country: USA	Zip: 33458 Country: USA

4. FEI Number: 65-1078152 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JAVOR, THOMAS E
7945 SE FAIRCHILD WAY
HOBE SOUND, FL 33455

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 713 Commerce Way
Unit #27
City: Jupiter **FL** Zip Code: 33458

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP JAVOR, THOMAS E 7945 SE FAIRCHILD WAY HOBE SOUND, FL 33455	☐ Delete	DP JAVOR, THOMAS E. 713 Commerce Way Unit #27 Jupiter, FL 33458	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST JAVOR, CHARYL A 7945 SE FAIRCHILD WAY HOBE SOUND, FL 33455	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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: Thomas E Javor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #