


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90013 035 ***150.00

DOCUMENT # P01000017818	
1. Entity Name BY THE NUMBERS, INC.	

Principal Place of Business 3636 EL SEGUNDO CT. NAPLES, FL 34109	Mailing Address 3636 EL SEGUNDO CT. NAPLES, FL 34109
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50000814

2. Principal Place of Business 5051 CASTELLO DR.	3. Mailing Address
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Suite, Apt. #, etc. SUITE 39	Suite, Apt. #, etc.
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City & State NAPLES, FL	City & State
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Zip 34103	Country	Zip	Country
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01072005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3702277	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ATON, ANNE K 3636 EL SEGUNDO CT. NAPLES, FL 34109	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ATON, ANNE K 3636 EL SEGUNDO CT. NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE:  **ANNE K. ATON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **1-7-05** Daytime Phone # **239-594-0571**