

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90092 017 ***150.00

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04082004 Chg-P CR2E034 (10/03)

DOCUMENT # P01000020005 1. Entity Name CLUB SOPRANO, INC.					
Principal Place of Business 167 S HWY 17/92 DEBARY, FL 32713			Mailing Address 167 S HWY 17/92 DEBARY, FL 32713		
2. Principal Place of Business 167 S. Charles Richard Beall Blvd.		3. Mailing Address 167 S. Charles Richard Beall Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DeBary, FL		City & State DeBary, FL		4. FEI Number 59-3703392	
Zip 32713		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Addtl Fee Required	
Zip 32713		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Addtl Fee Required	
6. Name and Address of Current Registered Agent CLARK, WENDELL L 167 S HWY 17/92 DEBARY, FL 32713			7. Name and Address of New Registered Agent Name Allen, Thomas V. Street Address (P.O. Box Number is Not Acceptable) 167 S. Charles Richard Beall Blvd. City DeBary FL Zip Code 32713		
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 the obligations of registered agent. SIGNATURE <u><i>Thomas V. Allen</i></u> Thomas V. Allen 4/17/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CLARK, WENDELL L 167 S HWY 17/92 DEBARY, FL 32713		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Allen, Thomas V. 167 S. Charles Richard Beall Blvd. DeBary, FL 32713	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	
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 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 I changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Thomas V. Allen</i></u> Thomas V. Allen, Pres.			4/17/04 386-479-2465		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone</small>		