



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90088 045 ***158.75

DOCUMENT # P01000023032 1. Entity Name PARANORMAL OBJECTS OF ANTIQUITY, INC.					
Principal Place of Business 750 SW 133RD TERR KINGSLEY C-112 HOLLYWOOD, FL 33027			Mailing Address 750 SW 133RD TERR KINGSLEY C-112 HOLLYWOOD, FL 33027		
2. Principal Place of Business 10340 NE Hwy 314		3. Mailing Address 10340 NE Hwy 314		44038056 	
City & State SILVER SPRINGS FLA		City & State SILVER SPRINGS FLA		4. FEI Number 65-1106218	
Zip 34488		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STRUM, GUY 1060 NW 100TH WAY PLANTATION, FL 33322			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 <u><i>William Cody</i></u> DATE <u><i>4/27/04</i></u> <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 IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CODY, WILLIAM J 750 SW 133RD TERR #112 PEMBROKE PINES, FL 33027 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. WILLIAM CODY 10340 NE Hwy 314 SILVER SPRINGS FLA 34488 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD CODY, VICKI 750 SW 133RD TERR #112 PEMBROKE PINES, FL 33027 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>William Cody</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><i>4/27/04</i></u> Daytime Phone # <u><i>352-625-6132</i></u> <u><i>352-625-7321</i></u>		