


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-28-2004 90019 007 ***150.00

DOCUMENT # P01000035392	
1. Entity Name 8040 Inc.	

DO NOT WRITE IN THIS SPACE

54065344

2. Principal Place of Business 712 Nida Dr.	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Melbourne	City & State	4. FEI Number SAME	Applied For Not Applicable
Zip 32935	Country Brevard	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Douglas Anthony
Street Address (P.O. Box Number is Not Acceptable) 712 Nida Dr.
City Melbourne
State FL
Zip Code 32935

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  **7/26/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---

10. OFFICERS AND DIRECTORS

TITLE Pres NAME Douglas Anthony STREET ADDRESS 712 Nida Dr. CITY-ST-ZIP Melbourne, FL 32935	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE Secy NAME Douglas Anthony STREET ADDRESS 712 Nida Dr. CITY-ST-ZIP Melbourne FL 32935	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE Treas NAME Douglas Anthony STREET ADDRESS 712 Nida Dr. CITY-ST-ZIP Melbourne, FL 32935	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Douglas Anthony** **7/26/04** **3217579086**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

Attachment

54065344

7/26/04

#P0100035390

8040 Inc

Douglas Anthony Pres.

712 Nida Dr.

Melbourne, FL

32935

Sir,

Please find enclosed my annual report and check. As I reported on line I never received the form until I called and requested one.

I don't know if the reason was that the state mailed it to the lawyer who formerly filed this form for me or if it was because of some other mix up. I did have a problem with my mail being diverted which was cleared up following a complaint to the postal authority.

In either case I am requesting a one time waiver of the late fee. This would be an extreme burden on this very small corp. operated by myself, 100% disabled veteran.

Please forgive this delay in payment, per my internet request this is fine. Thank you for your understanding in this matter. Sincerely