


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90467 001 ***150.00

DOCUMENT # P01000037715

1. Entity Name
PAUL SANFORD PROMOTIONS, INC.



Principal Place of Business
**1800 SECOND ST., SUITE 880
 SARASOA, FL 34236**

Mailing Address
**1800 SECOND ST., SUITE 880
 SARASOA, FL 34236**

54041451



2. Principal Place of Business
5423 11th ST CIR. E

3. Mailing Address
5423 11th ST. CIR. E.

Suite, Apt. #, etc.

03112004 Chg-P CR2E034 (10/03)

City & State
BRADENTON, FL

City & State
BRADENTON, FL

4. FEI Number
65-1111978

Applied For
 Not Applicable

Zip
34203

Country
FLORIDA

Zip
34203

Country
FLORIDA

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

6. Name and Address of Current Registered Agent

BROWNING, ROBERT W JR
1800 SECOND ST., SUITE 880
SARASOA, FL 34236

7. Name and Address of New Registered Agent

Name
ROBERT W. BROWNING, JR

Street Address (P.O. Box Number is Not Acceptable)
ONE NORTH TUTTLE AVE

City
SARASOTA, FL Zip Code
34237

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 *Paul W* DATE **3/11/04**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SANFORD, PAUL 1800 SECOND ST. STE 880 SARASOTA, FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SANFORD, PAUL 5423 11th ST CIR. E BRADENTON, FL 34203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Paul Sanford* **PAUL SANFORD** Date **4-23-04** Daytime Phone # **941-739-9083**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR