

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State

06-14-2004 90005 032 ***550.00

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06012004 Chg-P CR2E034 (10/03)

4. FEI Number **65-1118538** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATHEWS, JOYCE
210 FIELD END ST
SARASOTA, FL 34240

Name **MATHEWS JOYCE**
Street Address (P.O. Box Number is Not Acceptable)

2960 MYAKKA ROAD

City **VENICE** FL Zip Code **34293**

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 \$550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE **S** ☐ Delete
NAME **MATHEWS, JOYCE**
STREET ADDRESS **502 CASAS BONITAS DR**
CITY-ST-ZIP **ENGLEWOOD, FL 34295**

TITLE **P** ☐ Delete
NAME **MATHEWS, MARK**
STREET ADDRESS **502 CASAS BONITAS DR**
CITY-ST-ZIP **NOKOMIS, FL 34275**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☒ Change ☐ Addition
NAME **MATHEWS JOYCE**
STREET ADDRESS **2960 MYAKKA ROAD**
CITY-ST-ZIP **VENICE FL 34293**

TITLE **P.V.P.** ☒ Change ☐ Addition
NAME **MATHEWS, MARK**
STREET ADDRESS **2960 MYAKKA ROAD**
CITY-ST-ZIP **VENICE FL 34293**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/1/04 (727) 443-1504