

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000073946

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: RESOURCE PROVIDERS, INC.

## Current Principal Place of Business:

5601 MARINER ST.  
240  
TAMPA, FL 33609

## New Principal Place of Business:

## Current Mailing Address:

5601 MARINER ST.  
240  
TAMPA, FL 33609

## New Mailing Address:

FEI Number: 59-3734418

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLIFFORD, W. ALLEN  
5445 MARINER ST STE 208  
TAMPA, FL 33609

## Name and Address of New Registered Agent:

CLIFFORD, W. ALLEN PRESIDE  
5601 MARINER ST.  
SUITE 240  
TAMPA, FL 33609

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.

SIGNATURE: W. ALLEN CLIFFORD

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CLIFFORD, W. ALLEN  
Address: 5445 MARINER ST STE 208  
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete  
Name: WORD, SYLVIA  
Address: 4711 S HIMES AVE #1406  
City-St-Zip: TAMPA, FL 33611

Title: D ( ) Delete  
Name: POSNER, GARY  
Address: 5319 ARCHSTONE DR #102  
City-St-Zip: TAMPA, FL 33634

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CLIFFORD, W. ALLEN PRESIDE  
Address: 5601 MARINER ST. SUITE 240  
City-St-Zip: TAMPA, FL 33609

Title: D (X) Change ( ) Addition  
Name: WORD, SYLVIA VICE-PR  
Address: 11302 BAY CLUB CT  
City-St-Zip: TAMPA, FL 33607

Title: D (X) Change ( ) Addition  
Name: POSNER, GARY VICE-PR  
Address: 5319 ARCHSTONE DR #102  
City-St-Zip: TAMPA, FL 33634

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. ALLEN CLIFFORD

PRES

04/28/2004

Electronic Signature of Signing Officer or Director

Date