

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90251 036 ***150.00

94072663



03242004 Chg-P CR2E034 (10/03)

4. FEI Number **59-3752957** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

FRENCH, ALBERT
4161 42ND AVENUE NORTH
ST PETERSBURG, FL 33714

7. Name and Address of New Registered Agent

Name **MARTIN T. KAY**
Street Address (P.O. Box Number is Not Acceptable) **8639 NORTH HILLS AVENUE APT 3402**
City **TAMPA** FL Zip Code **33614**

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, the registered agent.

SIGNATURE **X [Signature] PRESIDENT** DATE **X 4/26/2004**

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	D	<input checked="" type="checkbox"/> Delete
NAME	FRENCH, ALBERT	
STREET ADDRESS	4161 42ND AVENUE NORTH	
CITY-ST-ZIP	ST PETERSBURG, FL 33714	
TITLE	VICE PRESIDENT / SECRETARY	<input type="checkbox"/> Delete
NAME	JOSEPH MINUCCI	
STREET ADDRESS	3817 TWILIGHT DR.	
CITY-ST-ZIP	VALrico, FL 33594	
TITLE	MARTIN T. KAY PRESIDENT	<input type="checkbox"/> Delete
NAME	MARTIN T. KAY	
STREET ADDRESS	8639 NORTH HILLS AVENUE APT 3402	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **MARTIN T. KAY** **MARTIN T. KAY** **4-26-04** **(813) 935-9997**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #