


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90029 049 \*\*\*150.00

<b>DOCUMENT # P01000109449</b> 1. Entity Name <b>AN OCCASIONAL PIECE, INC.</b>	
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Principal Place of Business <b>5540 PGA BLVD #104 C/O ALLEN DAVID PALM GARDENS, FL 33410 849 UNIVERSITY BLVD #108 JUPITER, FL 33458</b>	Mailing Address <b>5540 PGA BLVD #104 PALM GARDENS, FL 33410 SAME</b>
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**DO NOT WRITE IN THIS SPACE**



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>02-0531104</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**MARCUS, ALLEN D  
849 UNIVERSITY BLVD.  
SUITE 108  
JUPITER, FL 33458**

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IN THIS SPACE**

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCUS, ALLEN D 849 UNIVERSITY BLVD. #108 JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PYLE, LAWRENCE 849 UNIVERSITY BLVD. #108 JUPITER, FL 33458
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 **3/9/04 561-622-8009**  
Date Daytime Phone #