


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90744 025 \*\*\*150.00

<b>DOCUMENT # P01000113931</b>					
1. Entity Name IT DOESN'T MATTER, INC.					
Principal Place of Business 202 N BELCHER RD LARGO FL 33771			Mailing Address 202 N BELCHER RD LARGO FL 33771		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3759906	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRADER, TODD M			NAME	
STREET ADDRESS	202 N BELCHER RD			STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33771			CITY-ST-ZIP	
TITLE	VS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKOVGAARD, JONATHAN E			NAME	
STREET ADDRESS	202 N BELCHER RD			STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33771			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKOVGAARD, ERVIN A			NAME	
STREET ADDRESS	202 N BELCHER RD			STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33771			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKOVGAARD, SHERRY A			NAME	
STREET ADDRESS	202 N BELCHER RD			STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33771			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRADER, MERLE R			NAME	
STREET ADDRESS	202 N BELCHER RD			STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33771			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRADER, ROSE M			NAME	
STREET ADDRESS	202 N BELCHER RD			STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33771			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)(j), 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:** *Ervin A. Skovgaard* **ERVIN A. SKOVGAARD** 4/30/04 813/654-2381  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #