## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000019024

City-St-Zip:

SAFETY HARBOR, FL 34695

FILED Jan 23, 2004 Secretary of State

Entity Na	me: PLUS TO	OLS INC.				
Current P	rincipal Place	of Business:	New Princip	New Principal Place of Business:		
25201 BUNTING CIRCLE LAND O LAKES, FL 34629				15009 N FLORIDA AVE #328 TAMPA, FL 33613		
Current Mailing Address:			New Mailing Address:			
15009 N F TAMPA, F	LORIDA AVE # L 33613	328				
FEI Number	: 32-0003827	FEI Number Applied For()	FEI Number Not Applic	able ( ) Certificate of Status I	Desired ( )	
Name and Address of Current Registered Agent:			Name and A	Name and Address of New Registered Agent:		
	DARIN NTING CIRCLE AKES, FL 346					
	e named entity s e of Florida.	submits this statement for the	purpose of changing its	registered office or registered a	gent, or both,	
SIGNATUI	RE:					
Floriday Ora		ic Signature of Registered A	gent	Date		
Election Car	mpaign Financing	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () GARNER, DARI 25201 BUNTING LAND O LAKES	CIRCLE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D () GRANT, ERIC 810 ELM FORE CLERMONT, FL		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D () GOEHRING, TO 11707 A N 51 S TEMPLE TERR	Т	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address:	D () LIJEWSKI, WE 101 CHESTNUT		Name:	D (X) Change()Addition WHITWORTH, WENDY 101 CHESTNUT CIR		

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.

City-St-Zip: SAFETY HARBOR, FL 34695

SIGNATURE: WENDY WHITWORTH DIR 01/23/2004