## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachmer

SIGNATURE:

## Mar 15, 2004 8:00 am **Secretary of State DOCUMENT # P02000022046** 1. Entity Name 03-15-2004 90035 001 \*\*\*150.00 CHARLES E. SCARLETT, P.A. Principal Place of Búsiness Mailing Address 2255 GLADES ROAD #236W BOCA RATON FL 33431 2255 GLADES ROAD #236W BOCA RATON FL 33431 2. Principal Place of Business 3. Mailing Address 7700 angelss Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number City & State Applied For 36-4490485 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 4-2N Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent backs SCARLETT, CHARLES E -- --Box Number is Not Acceptable) 2255 GLADES ROAD #236W **BOCA RATON FL 33431** City 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 agen-SIGNATURE ent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE D ☐ Delete TITLE Addition Scarlett, Charles E SCARLETT, CHARLES E NAME NAME 10262 ST. ANDREWS ROAD STREET ADDRESS STREET ADDRESS MOO Congress AUC. CITY-ST-ZIP **BOYNTON BEACH FL 33436** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change — ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 received 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

er like empowered.

SIGNING OFFICER OR DIRECTOR

FILED