2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000026434

City-St-Zip:

ORLANDO, FL 32804

Entity Name: FLORIDA INFORMATION, INC.

FILED Jan 27, 2004 Secretary of State

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Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
5125 ADANSON ST. SUITE 500 ORLANDO, FL 32804			5125 ADANSON ST. SUITE 500 ORLANDO, FL 32804	US	
Current M	lailing Addre	ss:	New Mailing Address	New Mailing Address:	
C/O EDWARD M. LIVINGSTON, ESQ PO BOX 1599 WINTER PARK, FL 32790			5125 ADANSON ST., SUITE 500 ORLANDO, FL 32804 US		
FEI Number:	: 04-3622366	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
PAGE, TH 5125 ADAI SUITE 500 ORLANDO	NSON ST,	JS			
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS	S AND DIREC	CTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PAGE, THOMA	N ST,, STE. 500	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PROECHEL, R	N ST., STE. 500	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	PROECHEL, P) Delete ATRICIA L N ST., STE, 500	Title: Name: Address:	() Change () Addition	

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:

SIGNATURE: THOMAS P. PAGE CEO 01/27/2004