


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000053886</b> 1. Entity Name PLANT CITY 1078 INC.	
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Principal Place of Business  
1914 JIM REMALOSAN AVE  
PLANT CITY, FL 33566

Mailing Address  
1914 JIM REMALOSAN AVE  
PLANT CITY, FL 33566



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number 82-0545122	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

KHOURI, SAMIR  
5715 14TH ST W  
BRADENTON, FL 34207

**DO NOT WRITE  
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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

1100000157492  
05/06/04-80028-022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	KHOURI, SAMIR
STREET ADDRESS	5715 14TH ST W
CITY-STATE-ZIP	BRADENTON, FL 34207
TITLE	D
NAME	BOUKZAM, FRED A
STREET ADDRESS	4803 ELIZABETH LANE
CITY-STATE-ZIP	BROOKLYN, OH 44144
TITLE	D
NAME	MASHTAWY, ABED A
STREET ADDRESS	475 TIMBERCREEK RD
CITY-STATE-ZIP	REYNOLDSBURG, OH 43068
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/30/04

Date

Daytime Phone #