

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90350 049 \*\*\*158.75

**DOCUMENT # P02000067558**

1. Entity Name  
ETREAD, INC.



Principal Place of Business  
5411 WEST TYSON AVENUE  
TAMPA, FL 33611

Mailing Address  
5411 WEST TYSON AVENUE  
TAMPA, FL 33611



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number  
47-0871310

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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

KEARNEY, JOHN E JR  
5411 W TYSON AVENUE  
TAMPA, FL 33611

**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

**10. OFFICERS AND DIRECTORS**

TITLE **MD**  
NAME MCCLOY, ALFRED A  
STREET ADDRESS 5411 W TYSON AVENUE  
CITY-ST-ZIP TAMPA, FL 33611

TITLE **PD / CEO**  
NAME KEARNEY, JOHN E SR  
STREET ADDRESS 5411 W TYSON AVENUE  
CITY-ST-ZIP TAMPA, FL 33611

TITLE **D, CH**  
NAME TOMION, JON  
STREET ADDRESS 5411 WEST TYSON AVENUE  
CITY-ST-ZIP TAMPA, FL 33611

TITLE **D / VP / Sec / Treasure**  
NAME KEARNEY, JOHN E JR  
STREET ADDRESS 5411 W TYSON AVENUE  
CITY-ST-ZIP TAMPA, FL 33611

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-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)(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 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

4/26/2004  
Date

813-831-4490  
Daytime Phone #