


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 09, 2004 8:00 am**  
**Secretary of State**

08-24-2004 90002 022 \*\*\*150.00

<b>DOCUMENT # P02000070037</b> 1. Entity Name <b>FOUR FIVES, INC.</b>	
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Principal Place of Business <b>10831 US HWY 441 BELLEVUE, FL 34420</b>	Mailing Address <b>10831 US HWY 441 BELLEVUE, FL 34420</b>
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**66433299**



08162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>50-0008278</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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5. Name and Address of Current Registered Agent  <b>RAGOSTA, JOHN N 4 SILVER COURSE PL OCALA, FL 34472</b>
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**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  DATE **8-16-04**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!! FEE IS \$150.00  
Due by September 8, 2004**

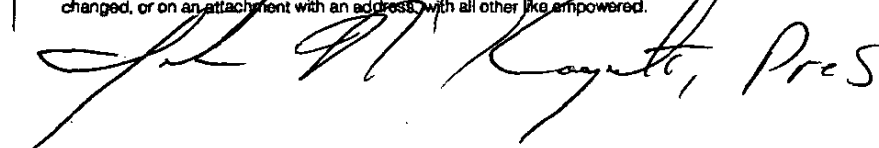
9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAGOSTA, JOHN N 4 SILVER COURSE PL OCALA, FL 34472
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**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.

 **John N. Ragosta, Pres**

**8-16-04**

*Attachment*

**ACCOUNTING & TAX SERVICE**  
6503 S.W. 84TH PLACE ROAD  
OCALA, FLORIDA 34476

66433299

*August 13, 2004*

*Florida Department of State  
Division of Corporations  
P.O. Box 6198  
Tallahassee, Florida 32314-6198*

*Ref: Four Fives, Inc.  
Document No. P02000070037  
Annual Report Fee*

*Pursuant to our recent telephone conversation regarding my client not receiving an annual report in January of this year; I will have my client submit a check in the amount of \$150.00 immediately.*

*We appreciate your cooperation in resolving this matter. If you have any questions, please do not hesitate to contact me.*

*Sincerely,*



**ANTHONY J. BARONE**  
**ACCOUNTANT / FINANCIAL ADVISOR**

**PHONE/FAX (352) 873-2725**

