

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90018 024 \*\*\*150.00

**DOCUMENT # P02000074173**

1. Entity Name

THE SECRETS PUBLISHING INC



Principal Place of Business

2230 CAACADES VLVD. #202  
KISSIMMEE, FL 34741

Mailing Address

2230 CAACADES VLVD. #202  
KISSIMMEE, FL 34741

2. Principal Place of Business

608 ROSARO CT

Suite, Apt. #, etc.

3. Mailing Address

608 ROSARO CT

Suite, Apt. #, etc.



02212004

Chg-P

CR2E034 (10/03)

City & State

KISSIMMEE FL

City & State

KISSIMMEE, FL

4. FEI Number

82-0552869

Applied For

Not Applicable

Zip

34758

Country

USA

Zip

34758

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HENRY SINANAN  
2230 CAACADES VLVD. #202  
KISSIMMEE, FL 34741

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

608 ROSARO CT

City

KISSIMMEE

FL

Zip Code

34758

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	DVP	<input type="checkbox"/> Delete
NAME	SINANAN, HENRY	
STREET ADDRESS	2230 CAACADES VLVD. #202	
CITY-ST-ZIP	KISSIMMEE, FL 34741	
TITLE	DPCE	<input type="checkbox"/> Delete
NAME	COST, CURTIS	
STREET ADDRESS	2230 CAACADES VLVD. #202	
CITY-ST-ZIP	KISSIMMEE, FL 34741	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	608 ROSARO CT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	KISSIMMEE FL 34758	
CITY-ST-ZIP		
TITLE	608 ROSARO CT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	KISSIMMEE, FL 34758	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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

Date

Daytime Phone #

4/16/04 407 343.9232