

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000074963

FILED
May 13, 2004
Secretary of State

Entity Name: THE DUST COLLECTOR, INC.

Current Principal Place of Business:

92 LISA LANE BHR
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

92 LISA LANE BHR
OKEECHOBEE, FL 34974

New Mailing Address:

FEI Number: 52-2367504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

W. ELIZABETH ANASCAVAGE
92 LISA LANE BHR
OKEECHOBEE, FL 34974 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: W. ELIZABETH ANASCAV, AGE
Address: 92 LISA LANE BHR
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: ANASCAVAGE, ANTHONY
Address: 92 LISA LANE BHR
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: ANASCAVAGE, TERRELLYNN A
Address: 16B 8TH STREET BHR
City-St-Zip: OKEECHOBEE, FL 34974

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D RA (X) Change () Addition
Name: W. ELIZABETH ANASCAV, AGE
Address: 92 LISA LANE BHR
City-St-Zip: OKEECHOBEE, FL 34974

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: W. ELIZABETH ANASCAVAGE

RA

05/13/2004

Electronic Signature of Signing Officer or Director

Date