2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2004
Secretary of State

DOCUMENT# P02000075420

Entity Name: PARTNER ENTERPRISES, INC.

Current Principal Place of Business:

8977 MIDNIGHT PASS RD, #218
SARASOTA, FL 34242

New Principal Place of Business:

3993 BERLIN DRIVE
SARASOTA, FL 34233

Current Mailing Address:

8977 MIDNIGHT PASS RD, #218
SARASOTA, FL 34242

New Mailing Address:

3993 BERLIN DRIVE
SARASOTA, FL 34233

FEI Number: 04-3707089 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIBSON, JAMES D
1800 2ND ST, STE 901
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

WING, BARBARA D
3993 BERLIN DRIVE
SARASOTA, FL 34233 US

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: BARBARA WING 08/11/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WING, BARBARA
Address: 9002 HUNTINGTON POINTE DR
City-St-Zip: SARASOTA, FL 34238

Title: D (X) Delete
Name: NELSON, MARILYN R
Address: 8977 MIDNIGHT PASS RD, UNIT 2188
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: WING, BARBARA
Address: 3993 BERLIN DRIVE
City-St-Zip: SARASOTA, FL 34233

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: BARBARA WING PRES 08/11/2004
Electronic Signature of Signing Officer or Director Date