


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90268 018 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P02000077269</b>                           |  |
| 1. Entity Name<br><b>FLORIDA TODAY INVESTMENTS, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>515 MYRTLE AVE.<br/>GREEN COVE SPRINGS FL 32043</b> | Mailing Address<br><b>515 MYRTLE AVE.<br/>GREEN COVE SPRINGS FL 32043</b> |
|---|---|

|  |                     |
|--|---------------------|
| 2. Principal Place of Business<br><b>6768 Crescent Cove Dr</b> | 3. Mailing Address  |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc. |

|   |                       |
|---|-----------------------|
| City & State<br><b>St. Augustine FL</b> | City & State          |
| Zip<br><b>32086</b>                     | Country<br><b>USA</b> |



MOORE CR2E034 (11/03)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>16-1618766</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |
|---|
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required |
|---|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>NEWMAN, GINA<br/>515 MYRTLE AVE.<br/>GREEN COVE SPRINGS FL 32043</b> |  |
|--|--|

|  |                             |
|--|-----------------------------|
| 7. Name and Address of New Registered Agent                                |                             |
| Name<br><b>NEWMAN, GINA</b>  |                             |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>6768 Crescent</b> |                             |
| City<br><b>St. Augustine</b>   | Zip Code<br><b>FL 32086</b> |

|   |                        |
|---|------------------------|
| 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<br><i>Gina Newman</i>   | DATE<br><b>4/26/04</b> |

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**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

|   |                                       |
|---|---------------------------------------|
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be<br>Added to Fees |
|---|---------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>NEWMAN, GINA</b><br><b>515 MYRTLE AVE.</b><br><b>GREEN COVE SPRINGS FL 32043</b> |
|  | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
|  | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
|  | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
|  | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
|  | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>President</b><br><b>Ed NEWMAN</b><br><b>6768 Crescent Cove Dr.</b><br><b>St. Augustine, FL 32086</b> |
|   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   |
|   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   |
|   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   |
|   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |

|   |  |
|---|--|
| 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 #

**4/26/04 904-794-5219**