



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90663 033 ***150.00

DOCUMENT # P02000089780 1. Entity Name FLO USA, INC.					
Principal Place of Business 120 INTERNATIONAL PKWY STE 120 HEATHROW, FL 32746			Mailing Address 120 INTERNATIONAL PKWY STE 120 HEATHROW, FL 32746		
2. Principal Place of Business 4044 WEST LAKE MARY BLVD Suite, Apt. #, etc. UNIT # 104-339		3. Mailing Address 4044 WEST LAKE MARY BLVD Suite, Apt. #, etc. UNIT # 104-339			
City & State LAKE MARY, FLORIDA 32746-2012		City & State LAKE MARY, FLORIDA 32746-2012		4. FEI Number 04202004 Chg-P CR2E034 (10/03) Applied For <input type="checkbox"/> Not Applicable	
Zip 32746-2012		Country SEMINOLE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATTHEWS, CANDACE T 120 INTERNATIONAL PKWY STE 220 HEATHROW, FL 32746				7. Name and Address of New Registered Agent Name 4044 WEST LAKE MARY BLVD UNIT # 104-339 City LAKE MARY FL Zip Code 32746-2012	
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 _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MATTHEWS, CANDACE T 120 INTERNATIONAL PKWY STE 120 HEATHROW, FL 32746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4044 WEST LAKE MARY BLVD UNIT # 104-339 LAKE MARY, FLORIDA 32746-2012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHEWS, CANDACE T 120 INTERNATIONAL PKWY STE 120 HEATHROW, FL 32746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4044 WEST LAKE MARY BLVD UNIT # 104-339 LAKE MARY, FLORIDA 32746-2012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: CANDACE T MATTHEWS, PVST, D 4/29/04 407-333-3324
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #