## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000095856

Entity Name: ONLY POCKET CHANGE INC.

FILED Jul 03, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

930 SOUTH FEDERAL HIGHWAY DEERFIELD BEACH, FL 33441

Current Mailing Address: New Mailing Address:

1154 COCOANUT ROAD 839 MALAGA DRIVE BOCA RATON, FL 33432 BOCA RATON, FL 33432

FEI Number: 42-1552180 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SIMON, STUART A

1154 COCOANUT ROAD

BOCA RATON, FL 33432

SIMON, STUART A

839 MALAGA DRIVE

BOCA RATON, FL 33432

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: STUART SIMON 07/03/2004

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: SIMON, TRACY L SIMON, TRACY L

Address: 1154 COCOANUT ROAD Address: 839 MALAGA DRIVE
City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: SIMON. TRACY L Name: SIMON. TRACY L

 Name:
 SIMON, TRACY L
 Name:
 SIMON, TRACY L

 Address:
 1154 COCOANUT ROAD
 Address:
 839 MALAGA DRIVE

 City-St-Zip:
 BOCA RATON, FL 33432
 City-St-Zip:
 BOCA RATON, FL 33432

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 RICE, GARY H
 Name:

 Address:
 899 NE 78TH ST
 Address:

 City-St-Zip:
 BOCA RATON, FL 33487
 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: TRACY SIMON P 07/03/2004