

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000100000**

1. Entity Name  
**FRIENDS LIKE ME, INC.**



Principal Place of Business  
**358 SUDDUTH CR. N.E.  
FORT WALTON BEACH, FL 32548-5125**

Mailing Address  
**358 SUDDUTH CR. N.E.  
FORT WALTON BEACH, FL 32548-5125**



04262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-0799184</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**PETERSON, MARY D  
C/O NICHOLSON REEDER & DEMSKI CPA  
P O BOX 1179  
FORT WALTON BEACH, FL 32549**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U00000148189  
05/03/04-80137-011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PETERSON, MARY D 358 SUDDUTH CR. N.E. FORT WALTON BEACH, FL 325485125
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HANDEL, THOMAS P II 21 PORT OF CALL DESTIN, FL 32550
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LYMPEROPOULOS, SUSAN 151 HUGUENOT AVE. STATEN ISLAND, NY 10312
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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:**

*Thomas P. Handel II*  
**Thomas P. Handel II**

*Apr 1 27, 2004*  
Date

*850 269-1616*  
Daytime Phone #