

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000103859

Entity Name: CORPEZ.COM, INC.

FILED
Jan 12, 2004
Secretary of State

Current Principal Place of Business:

5125 CASTELLO DR
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

5125 CASTELLO DR
NAPLES, FL 34103

New Mailing Address:

FEI Number: 05-0534552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIS, ELIZABETH A
675 94TH AVE N
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

MILLER, JOE C
5125 CASTELLO DRIVE
NAPLES, FL 34103 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: JOE C MILLER

01/12/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: WILLIS, ELIZABETH A
Address: 675 94TH AVE N
City-St-Zip: NAPLES, FL 34108

Title: VT (X) Delete
Name: MILLER, JOE C
Address: 6007 HOLLOW DR
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: MILLER, JOE C
Address: 5125 CASTELLO DRIVE
City-St-Zip: NAPLES, FL 34103

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: JOE C MILLER

PS

01/12/2004

Electronic Signature of Signing Officer or Director

Date