


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90031 043 \*\*\*150.00

**DOCUMENT # P02000105586**

1. Entity Name  
**FORD INVESTMENTS, INC.**



Principal Place of Business  
**1217 CAPE CORAL PKWY E #157  
 CAPE CORAL, FL 33904**

Mailing Address  
**1217 CAPE CORAL PKWY E #157  
 CAPE CORAL, FL 33904**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



04122004 Chg-P CR2E034 (10/03)

4. FEI Number  
**02-0667192** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MARX, JAMES ESQ  
 848 BRICKELL AVE STE 750  
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **FORD THIBODAUX**

Street Address (P.O. Box Number is Not Acceptable)  
**859 MONTICELLO CT.**

City **CAPE CORAL FL** Zip Code **33904**

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 *[Signature]* **PVST** DATE **4/12/04**

Signature typed or printed name of registered agent and date (Not Applicable) (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST THIBODAUX, FORD 1217 CAPE CORLA PKWY. E. #157 CAPE CORAL, FL 33904</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **PVST** DATE **4/12/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #