2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004
Secretary of State

DOCUMENT# P02000118358

Entity Name: DETAILS ENTERPRISES, INC.

Current Principal Place of Business:

2072 MOBILAND DRIVE
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

2072 MOBILAND DRIVE
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 37-3622264 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARMANY, SALLY
2072 MOBILAND DRIVE
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CARMANY, SALLY
Address: 2072 MOBILAND DRIVE
City-St-Zip: MELBOURNE, FL 32935

Title: VP ( ) Delete
Name: GAGNON, DWANE
Address: 2072 MOBILAND DRIVE
City-St-Zip: MELBOURNE, FL 32935

Title: VP ( ) Delete
Name: HERRERA, ANNETTE
Address: 2102 MOBILAND DRIVE
City-St-Zip: MELBOURNE, FL 32935

Title: VP ( ) Delete
Name: GRIFFO, LAURIE
Address: 975 KINGS POST ROAD
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP ( ) Delete
Name: RATLIFF, BONNIE
Address: 234 AVENS RD., NE
City-St-Zip: PALM BAY, FL 32907

Title: S ( ) Delete
Name: MOORE, DONNA
Address: 839 ONYX DR., NE
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SALLY CARMANY PD 02/18/2004

Electronic Signature of Signing Officer or Director Date