

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000123061

FILED
Apr 30, 2004
Secretary of State

Entity Name: THIS & THAT, INC.

Current Principal Place of Business:

521 WEKIVA COVE ROAD
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

522 HUNT CLUB BLVD.
PMB 411
APOPKA, FL 32703

New Mailing Address:

FEI Number: 81-0581301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRUBENBACH, KAREN L
2900 CANDELA COURT
APOPKA, FL 32703

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: P () Delete
Name: STACY, JENNIFER
Address: 521 WEKIVA COVE RD.
City-St-Zip: LONGWOOD, FL 32779

Title: V () Delete
Name: STACY-CZACHOWSKI, KELLY
Address: 3172 FOXWOOD DR.
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: STACY-CZACHOWSKI, KELLY
Address: 521 WEKIVA COVE RD.
City-St-Zip: LONGWOOD, FL 32779

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: KELLY STACY-CZACHOWSKI

V

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date