

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-16-2004 90043 014 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P02000135615 1. Entity Name GREAT TEMPTATIONS, INC.					
Principal Place of Business 1504 CERVANTES PLACE LADY LAKE FL 32159			Mailing Address P.O. BOX 1009 LADY LAKE FL 32158		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1504 CERVANTES PL Suite, Apt. #, etc.			
City & State Lady Lake, FL		City & State Lady Lake, FL		4. FEI Number 61-1435392	
Zip 32159		Country UNITED STATES		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCOTT, WINFIELD H 1504 CERVANTES PLACE LADY LAKE FL 32159			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
B. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME SCOTT, DENON D STREET ADDRESS 1504 CERVANTES PLACE CITY-ST-ZIP LADY LAKE FL 32159	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME SCOTT, WINFIELD H STREET ADDRESS 1504 CERVANTES PLACE CITY-ST-ZIP LADY LAKE FL 32159	<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: <u>Winfield H Scott</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2/25/04</u> <u>352-756-4121</u> <small>Date Daytime Phone</small>		