

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90082 038 \*\*\*150.00

<b>DOCUMENT # P03000000104</b> 1. Entity Name <b>DIVERSIFIED ENTERPRISES OF SOUTH FLORIDA, INC.</b>					
Principal Place of Business <b>8300 ULMERTON RD BLDG 112A</b> <b>LARGO, FL 33771</b>			Mailing Address <b>8300 ULMERTON RD BLDG 112A</b> <b>LARGO, FL 33771</b>		
2. Principal Place of Business <b>8300 ULMERTON RD</b>		3. Mailing Address <b>SAME AS #2.</b>			
Suite, Apt. #, etc. <b>#112</b>		Suite, Apt. #, etc. 			
City & State <b>LARGO, FL</b>		City & State 			
Zip <b>33771</b>	Country <b>U.S.A.</b>	Zip 	Country 	4. FEI Number <b>APPLIED FOR 04-3750702</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>SPINOWITZ, HARVEY J ESQ.</b> <b>1421 COURT ST SUITE C</b> <b>CLEARWATER, FL 33756</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>P</b> NAME <b>CUMMINGS, PATRICIA</b> STREET ADDRESS <b>2134 CAMPOS DR</b> CITY-ST-ZIP <b>CLEARWATER, FL 33764</b>	<input type="checkbox"/> Delete		TITLE <b>P</b> NAME <b>CUMMINGS, PATRICIA</b> STREET ADDRESS <b>2134 CAMPOS DR</b> CITY-ST-ZIP <b>CLEARWATER, FL 33764</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Patricia Cummings</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			322.04 727.443.1430 <small>Date Daytime Phone #</small>		