2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State
02-25-2004 90020 014 ***158.75

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MOORE CR2E034 (11/03)

DOCUMENT # P03000006057

1. Entity Name
C-MART CYBER STORE., INC

Principal Place of Business	Mailing Address
2942 BYINGTON CIRCLE TALLAHASSEE FL 32303 US	2942 BYINGTON CIRCLE TALLAHASSEE FL 32303 US

2. Principal Place of Business	3. Mailing Address
2942 Byington CIR Suite, Apt. #, etc.	P.O. Box 180174 Suite, Apt. #, etc.
City & State: TALLAHASSEE, FL	City & State: TALLAHASSEE FL
Zip: 32303 Country: USA	Zip: 32318 Country: USA

4. FEI Number: 20-0866599 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCKISSICK, CARL 2942 BYINGTON CIRCLE TALLAHASSEE FL 32303	Name: N/A Street Address (P.O. Box Number is Not Acceptable): City: FL 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: Carl McK — 3-5-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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. ☐ **$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	☐ Delete OWNER CARL MCKISSICK 2942 BYINGTON CIRCLE TALLAHASSEE, FLORIDA 32303	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete "	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: CARL MCKISSICK 2-20-04 850-556-3021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

3-16-04