

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90408 036 \*\*\*150.00

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MOORE CR2E034 (11/03)

|  |                      |  |  |                                    |  |       |              |                                 |      |               |  |                |                      |  |             |                   |  |       |  |   |      |  |  |                |  |  |             |  |  |
|--|----------------------|--|--|------------------------------------|--|-------|--------------|---------------------------------|------|---------------|--|----------------|----------------------|--|-------------|-------------------|--|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|
| <b>DOCUMENT # P03000006550</b><br>1. Entity Name<br><b>POMMIER BUSINESS CORPORATION</b>  |                      |  |  |                                    |  |       |              |                                 |      |               |  |                |                      |  |             |                   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| Principal Place of Business<br><b>30 S PARK AVE APT 102<br/>WINTER GARDEN FL 34787</b>   |                      |  | Mailing Address<br><b>30 S PARK AVE APT 102<br/>WINTER GARDEN FL 34787</b>   |                                    |  |       |              |                                 |      |               |  |                |                      |  |             |                   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 2. Principal Place of Business<br><b>219 Pleasant Hill Dr</b><br>Suite, Apt. #, etc.   |                      | 3. Mailing Address<br><b>219 Pleasant Hill Dr</b><br>Suite, Apt. #, etc. |  |                                    |  |       |              |                                 |      |               |  |                |                      |  |             |                   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| City & State<br><b>CLERMONT Florida</b><br>Zip<br><b>34711</b>   |                      | City & State<br><br>Zip<br><br>Country                                   |  | 4. FEI Number<br><b>33-1039408</b> |  |       |              |                                 |      |               |  |                |                      |  |             |                   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |                      |  |  |                                    |  |       |              |                                 |      |               |  |                |                      |  |             |                   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 6. Name and Address of Current Registered Agent<br><b>POMMIER, JORGE J<br/>30 S PARK AVE APT 102<br/>WINTER GARDEN FL 34787</b>  |                      |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |                      |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                  |                                    |  |       |              |                                 |      |               |  |                |                      |  |             |                   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">OWN Director</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>Jorge Pomnier</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>219 Pleasant Hill Dr</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLERMONT FL 34711</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div> |                      |  |  |                                    |  | TITLE | OWN Director | <input type="checkbox"/> Delete | NAME | Jorge Pomnier |  | STREET ADDRESS | 219 Pleasant Hill Dr |  | CITY-ST-ZIP | CLERMONT FL 34711 |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE  | OWN Director         | <input type="checkbox"/> Delete  |  |                                    |  |       |              |                                 |      |               |  |                |                      |  |             |                   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   | Jorge Pomnier        |  |  |                                    |  |       |              |                                 |      |               |  |                |                      |  |             |                   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   | 219 Pleasant Hill Dr |  |  |                                    |  |       |              |                                 |      |               |  |                |                      |  |             |                   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  | CLERMONT FL 34711    |  |  |                                    |  |       |              |                                 |      |               |  |                |                      |  |             |                   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition        |  |                                    |  |       |              |                                 |      |               |  |                |                      |  |             |                   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   |                      |  |  |                                    |  |       |              |                                 |      |               |  |                |                      |  |             |                   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   |                      |  |  |                                    |  |       |              |                                 |      |               |  |                |                      |  |             |                   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  |                      |  |  |                                    |  |       |              |                                 |      |               |  |                |                      |  |             |                   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |                      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |                                    |  |       |              |                                 |      |               |  |                |                      |  |             |                   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |                      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |                                    |  |       |              |                                 |      |               |  |                |                      |  |             |                   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |                      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |                                    |  |       |              |                                 |      |               |  |                |                      |  |             |                   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |                      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |                                    |  |       |              |                                 |      |               |  |                |                      |  |             |                   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |                      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |                                    |  |       |              |                                 |      |               |  |                |                      |  |             |                   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |                      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |                                    |  |       |              |                                 |      |               |  |                |                      |  |             |                   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 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.  |                      |  |  |                                    |  |       |              |                                 |      |               |  |                |                      |  |             |                   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <b>SIGNATURE:</b> _____ <b>4-06-04</b> <b>352 242 5320</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |                      |  |  |                                    |  |       |              |                                 |      |               |  |                |                      |  |             |                   |  |       |  |   |      |  |  |                |  |  |             |  |  |