2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State
04-23-2004 90223 010 ***150.00

DOCUMENT # P03000006731

1. Entity Name
LANCADE.NET, INC.

94062191

Principal Place of Business	Mailing Address
3082 WOODSMILL DR. MELBOURNE, FL 32934	3082 WOODSMILL DR. MELBOURNE, FL 32934

01312004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2945 West New Haven Ave	2945 West New Haven Ave
Suite, Apt # etc	Suite, Apt #, etc
City & State: West Melbourne, FL	City & State: West Melbourne, FL
Zip: 32904 Country: USA	Zip: 32904- Country: USA

4. FEI Number 90-0101823 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BROTHERTON, CURTIS
3082 WOODSMILL DR.
MELBOURNE, FL 32934

7. Name and Address of New Registered Agent

Name: Brotherton, Curtis
Street Address (P.O. Box Not Acceptable): 2945 West New Haven Avenue
City: W. Melbourne FL Zip Code: 32904

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 [signature] Curtis W. Brotherton 4-19-04
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

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	PSD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BROTHERTON, CURTIS		NAME	
STREET ADDRESS	3082 WOODSMILL DR.		STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32934		CITY-ST-ZIP	
TITLE	VTD	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	BROTHERTON, CURT P		NAME	
STREET ADDRESS	3082 WOODSMILL DR.		STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32934		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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.

SIGNATURE: [signature] Curtis W. Brotherton 4-19-04 321-953-2272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #