

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90081 035 ***150.00



DOCUMENT # P03000010383

1. Entity Name

138 U.S. HIGHWAY 19N, INC.

Principal Place of Business

C/O HOWARD DORNFELD
 4120 CAMELIA DR
 HERNANDO BEACH FL 34607

Mailing Address

C/O HOWARD DORNFELD
 4120 CAMELIA DR
 HERNANDO BEACH FL 34607

2. Principal Place of Business

11138 U.S Hwy 19 N

3. Mailing Address

Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State

PORT Richey FL

City & State

4. FEI Number

56-2315306

Applied For

Not Applicable

Zip

34668

Country

US

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DORNFELD, HOWARD
 4120 CAMELIA DR
 HERNANDO BEACH FL 34607

7. Name and Address of New Registered Agent

Name

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

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: D Delete
 NAME: DORNFELD, HOWARD
 STREET ADDRESS: 4120 CAMELIA DR
 CITY-ST-ZIP: HERNANDO BEACH FL 34607

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
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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: *Howard Dornfeld, Pres*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-04
 Date

352 597 1130
 Daytime Phone #