2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2004 8:00 am
Secretary of State
06-02-2004 90002 024 ***150.00

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01152004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000019799

1. Entity Name
FOUR MUSKETEERS, INC.

Principal Place of Business	Mailing Address
6480 JOE COTTON TRIAL TALLAHASSEE, FL 32309	6480 JOE COTTON TRIAL TALLAHASSEE, FL 32309

2. Principal Place of Business	3. Mailing Address
3370 CAPITAL CIRCLE N.E.	SAME
Suite, Apt. #, etc.: J-D	Suite, Apt. #, etc.
City & State: TALLAHASSEE, FL	City & State
Zip: 32308 Country: LEON	Zip Country

4. FEI Number: 61-0768641 ☐ 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
WELLS, JENNIFER A 6480 JOE COTTON TRIAL TALLAHASSEE, FL 32309	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 _____ 4-22-04
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D WELLS, JENNIFER A 6480 JOE COTTON TRIAL TALLAHASSEE, FL 32309	☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: _____ JENNIFER WELLS 4-22-04 850/385-8881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #