

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000020193

Entity Name: 4 SISTERS, INC.

FILED  
Apr 22, 2004  
Secretary of State

## Current Principal Place of Business:

3409 HELD RD  
SEBRING, FL 33875

## New Principal Place of Business:

3409 HEID RD  
SEBRING, FL 33875

## Current Mailing Address:

3409 HELD RD  
SEBRING, FL 33875

## New Mailing Address:

3409 HEID RD  
SEBRING, FL 33875

FEI Number: 75-3107378

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WEBSTER, LINDA  
3520 MEMORIAL DR  
SEBRING, FL 33870

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: TIFFT, E. THOMAS  
Address: 207 E THOMAS ST  
City-St-Zip: AVON PK, FL 33825

Title: V ( ) Delete  
Name: DALKE, LINDA  
Address: 3409 HEID RD  
City-St-Zip: SEBRING, FL 33875

Title: S ( ) Delete  
Name: WEBSTER, LINDA  
Address: 3520 MEMORIAL DR  
City-St-Zip: SEBRING, FL 33870

Title: TD ( ) Delete  
Name: CLOUD, LYNN  
Address: 2910 VALERIA  
City-St-Zip: SEBRING, FL 33870

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: TIFFT, KAREN A  
Address: 207 E THOMAS ST  
City-St-Zip: AVON PK, FL 33825

Title: V (X) Change ( ) Addition  
Name: DALKE, LINDA R  
Address: 3409 HEID RD  
City-St-Zip: SEBRING, FL 33875

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: CLOUD, LYNN C  
Address: 2910 VALERIA  
City-St-Zip: SEBRING, FL 33870

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN C. CLOUD

TD

04/22/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date