
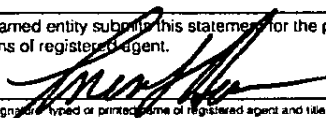
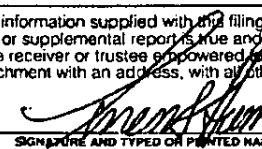


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-01-2004 90002 013 ***150.00

DOCUMENT # P03000026050 1. Entity Name SWITCH-I-D, INC.					
Principal Place of Business 5008 WEST LINEBAUGH AVE. SUITE 1 TAMPA FL 33624 US			Mailing Address 5008 WEST LINEBAUGH AVE. SUITE 1 TAMPA FL 33624 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">134243143</div>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PRATESI, EMIL G 1253 PARK ST. CLEARWATER FL 33756				Name Torrence L. Hunt	
				Street Address (P.O. Box Number is Not Acceptable) 5008-W. Linebaugh Ave. Suite 1	
				Tampa, Fl. 33624	
				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 					
(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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P.T.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUNT, TORRENCE L		NAME		
STREET ADDRESS	5008 WEST LINEBAUGH AVE, SUITE 1		STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL 33624		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HODGE, MOLLIE		NAME		
STREET ADDRESS	5008 WEST LINEBAUGH, SUITE 1		STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL 33624		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAUN, CHRISTOPHER		NAME		
STREET ADDRESS	5008 WEST LINEBAUGH AVE. SUITE 1		STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL 33624		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STROUP, BRYON		NAME		
STREET ADDRESS	5008 WEST LINEBAUGH AVE, SUITE 1		STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL 33624		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone					