


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

2/25/2004-90060-002-\$150.00-\$150.00

<b>DOCUMENT # P03000031199</b>			
1. Entity Name <b>THE XPLOSION COMPANY</b>			
Principal Place of Business <b>6514 TOGNI STREET LAKE WORTH, FL 33467</b>		Mailing Address <b>P.O. BOX 880335 BOCA RATON, FL 33488</b>	
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 <b>93-1666405</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>PICKER, JACK 6514 TOGNI STREET LAKE WORTH, FL 33467</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 <i>Jack P.</i>		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Jack P.</i>		2/24/04 954-662-8358	
Signature and Typed or Printed Name of Signing Officer or Director		Daytime Phone #	

FILED

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EDICRIT 11666405  
TALLAHASSEE, FLORIDA



01122004 Chg-P CR2E034 (10/03)

93-1666405

4. FEI Number **93-1666405** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ 8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PICKER, JACK  
6514 TOGNI STREET  
LAKE WORTH, FL 33467

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

*Jack P.*

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

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SIGNATURE:

*Jack P.*  
Signature and Typed or Printed Name of Signing Officer or Director

2/24/04 954-662-8358  
Daytime Phone #

July 12, 2004

the xplorion company  
6514 togni street  
lake worth, fl 33467  
P03000031199

Secretary of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

The following attachments are submitted to ensure that the corporation name above IS  
NOT dissolved

On February 24, 2004 I submitted, and the state deposited, my check for \$150.00

After that I resubmitted the necessary paperwork indicating EIN #73-1666405

On July 1<sup>st</sup> I received a dissolution notice.

Please accept this paper work as well as a copy of the cancelled check and ensure that my  
corporate account remains active.

I also want to ensure that the \$400 late charge is waived due to the fact that this  
paperwork was resubmitted in a timely fashion prior to May 1<sup>st</sup>, 2004

Please advise (954-662-8358)

Jack Picker  
President, the xplorion company