

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000040017

1. Entity Name  
FLORIDA SUNSCREENS PLUS, INC.



**FILED  
Apr 07, 2004 8:00 am  
Secretary of State**

04-07-2004 90339 004 \*\*\*150.00

14000964



02112004 Chg-P CR2E034 (10/03)

2. Principal Place of Business <b>10804 CAPTAIN HOOK CIR.</b>	3. Mailing Address <b>10804 CAPTAIN HOOK CIR.</b>	4. FEI Number <b>90-0071818</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------------------------------------	------------------------------------------------------	------------------------------------	--------------------------------------------------------

Suite, Apt. #, etc.  
**THONOTOSASSA FL**

Suite, Apt. #, etc.  
**X**

City & State

City & State

Zip  
**33592**

Country  
**HILLSBOROUGH**

Zip  
**33592**

Country  
**HILLSBOROUGH**

6. Name and Address of Current Registered Agent

Name

FLORIDA INCORPORATORS INC  
8875 HIDDEN RIVER PKWY STE 300  
TAMPA, FL 33637

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 renewing)

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 KAMSTRA, JEFFREY A  
10804 CAPTAIN HOOK CIR  
THONOTOSASSA, FL 335922087**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P/S**

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D KAMSTRA, BELINDA S  
10804 CAPTAIN HOOK CIR  
THONOTOSASSA, FL 335922087**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**V/T**

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/04 93-841-3928  
Date Daytime Phone #