

2004 FOR PROFIT CORPORATION ANNUAL REPORT


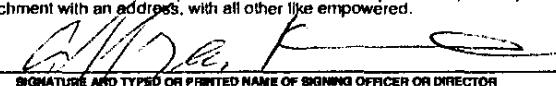
FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90339 004 ***150.00

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02112004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000040017					
1. Entity Name FLORIDA SUNSCREENS PLUS, INC.					
Principal Place of Business 10804 CAOTAIN HOOK CIRCLE THONOTOSASSA, FL 33592			Mailing Address 10804 CAOTAIN HOOK CIRCLE THONOTOSASSA, FL 33592		
2. Principal Place of Business 10804 CAPTAIN HOOK CIR. Suite, Apt. #, etc. THONOTOSASSA FL City & State			3. Mailing Address 10804 CAPTAIN HOOK CIR. Suite, Apt. #, etc. X City & State THONOTOSASSA, FL Zip 33592 Country HILLSBOROUGH		
4. FEI Number 90-0071818			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FLORIDA INCORPORATORS INC 8875 HIDDEN RIVER PKWY STE 300 TAMPA, FL 33637			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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	D	<input type="checkbox"/> Delete	TITLE	P/S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMSTRA, JEFFREY A		NAME		
STREET ADDRESS	10804 CAPTAIN HOOK CIR		STREET ADDRESS		
CITY-ST-ZIP	THONOTOSASSA, FL 335922087		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	V/T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMSTRA, BELINDA S		NAME		
STREET ADDRESS	10804 CAPTAIN HOOK CIR		STREET ADDRESS		
CITY-ST-ZIP	THONOTOSASSA, FL 335922087		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		
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		
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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: 			4/2/04 93-841-3928		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		