

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 24, 2004 8:00 am**  
**Secretary of State**

08-24-2004 90045 001 \*\*\*550.00  
08-24-2004 90045 002 \*\*\*\*\*8.75

**66432554**



07012004 Chg-P CR2E034 (10/03)

4. FEI Number **32-0071796** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**SMOKER, STEVEN**  
**9075 ALEXANDRA CIRCLE**  
**WELLINGTON, FL 33414**

## 7. Name and Address of New Registered Agent

Name **Peter Lepore**  
Street Address (P.O. Box Number & Not Acceptable)  
**9073 Alexandra circle**  
City **Wellington** FL Zip Code **33414**

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 **Peter Lepore** **Peter Lepore** **8/20/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SMOKER, STEVEN</b>	
STREET ADDRESS	<b>9075 ALEXANDRA</b>	
CITY-ST-ZIP	<b>WELLINGTON, FL 33414</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>LEPORE, PETER S</b>	
STREET ADDRESS	<b>9073 ALEXANDRA CIRCLE</b>	
CITY-ST-ZIP	<b>WELLINGTON, FL 33414</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>President (P)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lepore Peter</b>	
STREET ADDRESS	<b>9073 Alexandra</b>	
CITY-ST-ZIP	<b>circle Wellington FL-33414</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **Peter Lepore** **8/20/04** **561-389-4002**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #