

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90019 034 ***150.00

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01092004 Chg-P CR2E034 (10/03)

4. FEI Number **20-0423629** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

ROBERTS, THOMAS M
5448 WILKINSON ROAD
SARASOTA, FL 34523-3

7. Name and Address of New Registered Agent
Name **THOMAS M. ROBERTS**
Street Address (P.O. Box Number is Not Acceptable) **3043 SPENCER LANE**
City **SARASOTA** FL Zip Code **34239**

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 reinstalling)

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

TITLE ☐ Delete
NAME **D ROBERTS, THOMAS M**
STREET ADDRESS **5448 WILKINSON ROAD**
CITY-ST-ZIP **SARASOTA, FL 345233**

TITLE ☐ Delete
NAME **D ROBERTS, BARBARA J**
STREET ADDRESS **5448 WILKINSON ROAD**
CITY-ST-ZIP **SARASOTA, FL 345233**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **P/T/D THOMAS M. ROBERTS**
STREET ADDRESS **3043 SPENCER LN**
CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE ☐ Change ☐ Addition
NAME **BARBARA J. ROBERTS S/D**
STREET ADDRESS **3043 SPENCER LN**
CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Thomas M. Roberts **THOMAS M. ROBERTS** 1-10-04 (941) 928-9545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #