


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90092 004 ***150.00

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| DOCUMENT # P03000047542 |  |
| 1. Entity Name EASY ON ME, INC. | |

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| Principal Place of Business 1521 MASSACHUSETTS AVE ST. CLOUD, FL 34769 | Mailing Address 1521 MASSACHUSETTS AVE ST. CLOUD, FL 34769 |
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24007640

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|---|-----------------------|---------------------------|---------|
| 2. Principal Place of Business 2344 N. Orange Blossom Trail | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Kissimmee | | City & State FL | |
| Zip 34744 | Country USA | Zip | Country |

01192004 Chg-P CR2E034 (10/03)

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| 4. FEI Number 16-1663339 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|--|--|--|
| 6. Name and Address of Current Registered Agent MATTHEWS, JOHN W 1521 MASSACHUSETTS AVE ST. CLOUD, FL 34769 | | 7. Name and Address of New Registered Agent Name Lisa D. Mager Street Address (P.O. Box Number is Not Acceptable) 2344 N. Orange Blossom Trail City Kissimmee FL Zip Code 34744 | |
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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 *Lisa D. Mager* DATE *1/22/04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| 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 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P MATTHEWS, JOHN W 1521 MASSACHUSETTS AVE ST. CLOUD, FL 34769 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | P Lisa D. Mager 1728 King Edward Dr. Kissimmee, FL 34744 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP Laura L. English 1107 Minnesota Ave. St. Cloud, FL 34769 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |
| 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: *Lisa D. Mager* DATE *1/22/04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR