
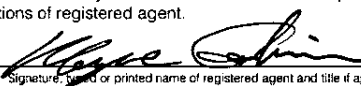
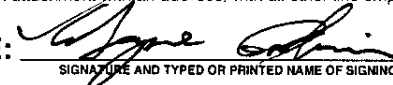


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90057 036 \*\*\*150.00

|   |                                 |  |  |
|---|---------------------------------|--|--|
| <b>DOCUMENT # P03000053603</b><br>1. Entity Name<br><b>DEAD FLEAS INC</b>   |                                 |   |  |
| Principal Place of Business<br><b>2239 S RIDGEWOOD AVE<br/>SOUTH DAYTONA, FL 32119</b>  |                                 | Mailing Address<br><b>2239 S RIDGEWOOD AVE<br/>SOUTH DAYTONA, FL 32119</b>   |  |
| 2. Principal Place of Business<br><b>2421 Enterprise Rd</b><br>Suite, Apt. #, etc.  |                                 | 3. Mailing Address<br><b>2421 Enterprise Rd</b><br>Suite, Apt. #, etc.   |  |
| City & State<br><b>Orange City FL</b>   |                                 | City & State<br><b>Orange City FL</b>  |  |
| Zip<br><b>32763</b>   | Country<br><b>USA</b>           | Zip<br><b>32763</b>  | Country<br><b>USA</b>  |
| 4. FEI Number<br><b>65-1187165</b>  |                                 | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                                 | <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GODWIN, WAYNE<br/>2239 S RIDGEWOOD AVE<br/>SOUTH DAYTONA, FL 32119</b>  |                                 | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2421 Enterprise Rd</b><br>City<br><b>Orange City FL</b> Zip Code<br><b>32763</b> |  |
| 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    |                                 | DATE<br><b>2-19-04</b>   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |
| TITLE<br><b>P</b><br>NAME<br><b>GODWIN, WAYNE</b><br>STREET ADDRESS<br><b>2239 S RIDGEWOOD AVE</b><br>CITY-ST-ZIP<br><b>SOUTH DAYTONA, FL 32119</b>   | <input type="checkbox"/> Delete | TITLE<br><b>Change</b><br>NAME<br><b>2421 Enterprise Rd</b><br>STREET ADDRESS<br><b>Orange City, FL 32763</b><br>CITY-ST-ZIP<br><b>Orange City, FL 32763</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br><b>S</b><br>NAME<br><b>GODWIN, WAYNE</b><br>STREET ADDRESS<br><b>2239 S RIDGEWOOD AVE</b><br>CITY-ST-ZIP<br><b>SOUTH DAYTONA, FL 32119</b>   | <input type="checkbox"/> Delete | TITLE<br><b>Change</b><br>NAME<br><b>2421 Enterprise Rd</b><br>STREET ADDRESS<br><b>Orange City, FL 32763</b><br>CITY-ST-ZIP<br><b>Orange City, FL 32763</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br><b>T</b><br>NAME<br><b>GODWIN, WAYNE</b><br>STREET ADDRESS<br><b>2239 S RIDGEWOOD AVE</b><br>CITY-ST-ZIP<br><b>SOUTH DAYTONA, FL 32119</b>   | <input type="checkbox"/> Delete | TITLE<br><b>Change</b><br>NAME<br><b>2421 Enterprise Rd</b><br>STREET ADDRESS<br><b>Orange City, FL 32763</b><br>CITY-ST-ZIP<br><b>Orange City, FL 32763</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> 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:   |                                 | DATE<br><b>2-19-04</b>   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                 | Daytime Phone # <b>386 775 1931</b>  |  |