


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90054 013 \*\*\*150.00

<b>DOCUMENT # P03000055695</b>	
1. Entity Name CCI OPTIONS UNLIMITED, INC.	

Principal Place of Business PO BOX 341514 TAMPA, FL 33694	Mailing Address PO BOX 341514 TAMPA, FL 33694
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2. Principal Place of Business 1017 Pennsylvania Ave Suite, Apt. #, etc.	3. Mailing Address 1017 Pennsylvania Ave Suite, Apt. #, etc.
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City & State Lakeland, FL	City & State Lakeland, FL
Zip 33803	Zip 33803
Country USA	Country USA

03152004 Chg-P CR2E034 (10/03)

4. FEI Number 56-2361135	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STORCH, GLENN D ESQ C/O STORCH & MORRIS, P.A. 420 S. NOVA ROAD DAYTONA BEACH, FL 32114	
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7. Name and Address of New Registered Agent Name Barbara J. Coomber Street Address (P.O. Box Number is Not Acceptable) 1017 Pennsylvania Ave City Lakeland FL Zip Code 33803	
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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: <u>Barbara J. Coomber</u> DATE: <u>3-15-04</u> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	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	DP COOMBER, BARBARA J 3702 NATURE VIEW WAY #209 TAMPA, FL 33624 <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	DV CIUBA R, ANDREA L 2142 VIRGINIA LEE CIRCLE BROOKSVILLE, FL 34602 <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	DST COOMBER, JESSE J 2708 BELLEWATER PLACE OVIEDO, FL 32766 <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
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

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: <u>Barbara J. Coomber</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>3-15-04</u> Daytime Phone #: <u>813-220-7222</u>