

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90205 021 ***158.75

DOCUMENT # P03000056566

1. Entity Name
 INTERIM INVESTMENTS, INC.



Principal Place of Business: 5200 CENTRAL AVENUE, ST PETERSBURG, FL 33707
 Mailing Address: 5200 CENTRAL AVENUE, ST PETERSBURG, FL 33707



2. Principal Place of Business: 10800 BRIGHTON BAY BLVD NE, Suite, Apt. #, etc. 1202
 3. Mailing Address: PO BOX 20376, Suite, Apt. #, etc.

04052004 Chg-P CR2E034 (10/03)

City & State: SAINT PETERSBURG, FLORIDA
 Zip: 33716 Country: USA

4. FEI Number: 59 3782941 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GRAHAM, PETER D
 5200 CENTRAL AVENUE
 ST PETERSBURG, FL 33707

7. Name and Address of New Registered Agent
 Name: LARRY ARRON WILLIAMS, JR.
 Street Address (P.O. Box Number is Not Acceptable): 10800 BRIGHTON BAY BLVD NE
 APT. #1202
 City: SAINT PETERSBURG FL Zip Code: 33716

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: 04/26/2004
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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: D	<input checked="" type="checkbox"/> Delete
NAME: YANCHUCK, AL	
STREET ADDRESS: 7850 - 9TH AVENUE SOUTH	
CITY-ST-ZIP: ST PETERSBURG, FL 33707	
TITLE: D	<input checked="" type="checkbox"/> Delete
NAME: LOVELL, COREY	
STREET ADDRESS: 7850 - 9TH AVENUE SOUTH	
CITY-ST-ZIP: ST PETERSBURG, FL 33707	
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: PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LARRY A. WILLIAMS, JR.	
STREET ADDRESS: 10800 BRIGHTON BAY BLVD NE #1202	
CITY-ST-ZIP: SAINT PETERSBURG, FL. 33716	
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:	
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: DATE: 04/26/2004 DAYTIME PHONE #: 727-686-2080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR