



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90323 048 ***150.00

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|---|--|---|---|--|--|
| DOCUMENT # P03000061470 1. Entity Name E & E ULTRASPORTS INC. | | | |  | |
| Principal Place of Business 1945 SUNSET POINT RD UNIT A1 CLEARWATER, FL 33765 | | | Mailing Address 1945 SUNSET POINT RD UNIT A1 CLEARWATER, FL 33765 | | |
| 2. Principal Place of Business 1705 N. HERCULES AVE | | 3. Mailing Address 1705 N. HERCULES AVE | |  01142004 Chg-P CR2E034 (10/03) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State CLEARWATER, FL | | City & State CLEARWATER, FL | | 4. FEI Number 20-0049694 | |
| Zip 33765 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TOTH, ERIC 3224 20 AVE SW LARGO, FL 33774 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| 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 | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TOTH, ERIC 3224 20 AVE SW LARGO, FL 33774 <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: ✓ Eric Toth <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | ✓ 4/15/04 ✓ 7276887448 <small>Date Daytime Phone #</small> | | |