

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90749 011 \*\*\*150.00

<b>DOCUMENT # P03000065086</b>			
<b>1. Entity Name</b> ED ARSENAULT, INC.			
<b>Principal Place of Business</b> 2491 HAWTHORNE ST SARASOTA, FL 34239		<b>Mailing Address</b> 2491 HAWTHORNE ST SARASOTA, FL 34239	
<b>2. Principal Place of Business</b> 2491 Hawthorne St Suite, Apt. #, etc.		<b>3. Mailing Address</b> SAME Suite, Apt. #, etc.	
<b>City &amp; State</b> SARASOTA FL, 8		<b>City &amp; State</b> SAME	
<b>Zip</b> 34239		<b>Country</b>	
<b>4. FEI Number</b> 13-4254354		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ARSENAULT, EDMUND 2491 HAWTHORNE ST SARASOTA, FL 34239		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<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.</b> SIGNATURE:  DATE: 4-12-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be</b> Trust Fund Contribution.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARSENAULT, 2491 HAWTHORNE ST SARASOTA, FL 34239	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>			
<b>SIGNATURE:</b>		4-12-04 941-954-5464 <small>Date Daytime Phone #</small>	