2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Nam	MENT # P03000065 ENTERPRISES, INC.			07-19-200	4 90002 014 **	*163.75		
997 FRANCISCAN AVE 99		Mailing Address 997 FRANCISCAN AVE SEBASTIAN, FL 32958				540	63037	
2. Principal Place of Business 3. Mailing Address 50 SE 12th 57 50 SE 12th 57								
Suite Apt.	8	Suite Apt. etc.		07022004	Chg-P	CR2E034 (10/0	3)	
City & State	PATON, FL	BOCA RATON,	FL	4. FEI Number 37-/	469 <u>873</u>		Applied For Not Applicable	
Zip 33430		33432	Country -5 A	<u> </u>	of Status Desired	\$8.75 / Fee Requ		
Name and Address of Current Registered Agent			Name>>	7. Name and Address of New Registered Agent				
COOK, W. FRED 997 FRANCISCAN AVE				Street Address (P.O. Box Number is Not Acceptable)				
SEBASTIAN, FL 32958			505E	10-4210				
			City	<u> </u>		E1 799	ode_	
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 Signature, tripped or printed name of registered agent and tide of applicable. (NOTE: Registered Agent signature required when resistating) DATE								
Due by September 8, 2004 Trust Fund Contribution. Added to Fees						with s. 607.193(2)(t not receive the pric	or notice.	
TITLE	PRESIDENT		11.	· ADDITIONS,	CHANGES TO OFF	ICERS AND DIRECTO		
NAME STREET ADDRESS CITY-ST-ZIP	SANDRA L COOK. SOSEISHST APT+248 BOGO RATON, FL 33.	□ Delete ¥3 ユ	ITILE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chanç	e 🔲 Addition	
TITLE NAME STREET ADDRESS	VICE PRESIDENT WFRED COOK SO SEIZHAST APTOGS	□ Defete	TITLE NAME STREET ADDRESS		· ····································	☐ Chang	pe Addition	
CITY-ST-ZIP	BOCARATON FL 334	132	CITY-ST-ZIP					
NAME STREET ADORESS CITY-ST-ZIP	TREASUREL W FRED COOK SOSE 12+165T APT+268 BOCA ROTON 12 .33		NAME STREET ADDRESS CITY-ST-ZIP			- ⊡.Chang	ge Addition	
TITLE NAME STREET ADDRESS	SECRETARY WFRED COOK 50SE 12+hST BATTAGE	Delete Delete	TITLE NAME STREET ADDRESS			☐ Chang	ge Addition	
CTTY-ST-ZIP	BOCA KATON, IL, <u>3</u> 3432	. Delete	CITY-ST-ZIP TITLE			☐ Chang	ge	
NAME STREET ADDRESS CITY-ST-ZIP		* * * * * * * * * * * * * * * * * * * *	NAME STREET ADORESS CITY-ST-ZIP ;		 	, .	,	
TITLE		☐ Delete	TITLE	<u> </u>		☐ Chan	ge Addition	
NAME STREET ADDRESS CITY-ST-ZIP			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.								