


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90093 020 \*\*\*150.00

<b>DOCUMENT # P03000067950</b>	
1. Entity Name <b>ANNA MARIA HOLDINGS INC.</b>	

Principal Place of Business <b>5400 HOLMES BLVD HOLMES BEACH FL 34217</b>	Mailing Address <b>PO BOX 1382 ANNA MARIA 34216 FL</b>
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2. Principal Place of Business <b>5400B Marina Dr.</b>	3. Mailing Address <b>P.O. Box 1382</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Holmes Beach FL</b>	City & State <b>Anna Maria FL</b>
Zip <b>34217</b>	Zip <b>34216</b>
Country <b>USA</b>	Country <b>USA</b>



MOORE CR2E034 (11/03)

4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>SLAVIN, MEREDITH 5400 HOLMES BLVD 5400B Marina Dr. HOLMES BEACH FL 34217</b>		7. Name and Address of New Registered Agent Name <b>Meredith Slavin</b> Street Address (P.O. Box Number is Not Acceptable) <b>5400B Marina Dr</b> City <b>Holmes Beach</b> FL Zip Code <b>34217</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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>P MEREDITH, SLAVIN PO BOX 1382 ANNA MARIA FL 34216</b> <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
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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:** *Meredith Slavin* **Meredith Slavin** 01/24/04 941-779-2855  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #