2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2004 8:00 am Secretary of State

DOCUMENT # P03000068383 1. Entity Name 1025 PROCUREMENT GROUP, INC.							03-03-2004 90003 012 ***150.00				
Principal Place	e of Business	M	ailing Address	L					E /	104.49	on.
9180 GALLERIA COURT NAPLES, FL 34109			9180 GALLERIA COURT NAPLES, FL 34109						9	10142	0 0
0 Diana 10											
2. Principal Place of Business			3. Mailing Address								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				02032004	Chg-P	CR2E034 (10	(03)	
City & State	9		City & State				4. FEI Numb	65 - 119525	2	Applied Fo	
Zip	Country		Zip	Count	ry			of Status Desired		Additional	343.5
	6. Name and Address of Curr	rent Regis	tered Agent				7. Name and	Address of New Re			
OTENA DE	IAMES C. ID.		· · · · · · · · · · · · · · · · · · ·		Name T						
STEWART, JAMES C JR 9180 GALLERIA COURT NAPLES, FL 34109				Ì	Street Address (P.O. Box Number is Not Acceptable)						
				-							
				Ì	City				FL Zip	Code	¥
8. The above the obligat	named entity submits this stateme ions of registered agent.	nt for the p	ourpose of changing its	registere	d office or	register	ed agent, or bo	th, in the State of Flor	ida. I am familiar	with, and acc	cept
SIGNATURE_	Signature, typed or printed name of registered	agent and tille	if applicable. (NOTE	: Registered	I Agent signatu	re required	when reinstating)	•10-	DATE	<u> </u>	- :
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$5	50.00	9. Election Campai Trust Fund Contr	~	cing	\$5. Adde	00 May Be ed to Fees				
10.	OFFICERS A	AND DIREC	CTORS	11.				CHANGES TO OFFIC			$\overline{}$
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STREET ADDRESS	9180 GALLERIA COURT			NAME STREE	T ADDRESS			eria Ct.,	#700		
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	ertify that the information supplied	with this f	iling does not qualify for			ed in Se	ction 119 07(3)	(i) Florida Statutes I		the informati	ion

2. 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 withyan address, with all other like empowered.

SI	GN	ΔΤΙ	IP	F٠

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBORAH A. AUSTIN

2/23/04

239-272-

President

Date

Daytime Phone #

9192