


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90547 014 \*\*\*150.00

<b>DOCUMENT # P03000071290</b>					
1. Entity Name <b>EXORDIA WEB SYSTEMS, INC.</b>					
Principal Place of Business <b>8000 SEMINOLE BLVD. SUITE 1 SEMINOLE, FL 33772</b>			Mailing Address <b>8000 SEMINOLE BLVD. SUITE 1 SEMINOLE, FL 33772</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>KERBO, ANTHONY 8000 SEMINOLE BLVD. SUITE 1 SEMINOLE, FL 33772</b>				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 re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00</b>		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	P. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>KERBO, ANTHONY</b>	NAME			
STREET ADDRESS	<b>8000 SEMINOLE BLVD. STE. 1</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>SEMINOLE, FL 33772</b>	CITY-ST-ZIP			
TITLE	S. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>KERBO, KRIS</b>	NAME			
STREET ADDRESS	<b>8000 SEMINOLE BLVD. STE. 1</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>SEMINOLE, FL 33772</b>	CITY-ST-ZIP			
TITLE	V. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>KERBO, MARK</b>	NAME			
STREET ADDRESS	<b>8000 SEMINOLE BLVD. STE. 1</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>SEMINOLE, FL 33772</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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)(f), 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: <u>Mark Kerbo</u> 4/22/04 727-393-0060					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

4/

66421923



04232004 Chg-P CR2E034 (10/03)

4. FEI Number **57-1178740** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #