

# **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000073501

**FILED**  
**Jan 22, 2004**  
**Secretary of State**

**Entity Name:** PRO TOUCH MANAGEMENT, INC.

**Current Principal Place of Business:**

1733 N. ATLANTIC AVE.  
COCOA BEACH, FL 32931

**New Principal Place of Business:**

**Current Mailing Address:**

1733 N. ATLANTIC AVE.  
COCOA BEACH, FL 32931

**New Mailing Address:**

**FEI Number:** 41-2103385

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLEMAN, CHRISTOPHER J ESQ.  
1329 BEDFORD DRIVE  
SUITE 1  
MELBOURNE, FL 32940 US

**Name and Address of New Registered Agent:**

ZORN, BARBARA J  
1733 N. ATLANTIC AVENUE  
COCOA BEACH, FL 32931 US

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.

**SIGNATURE:** BARBARA J. ZORN

01/22/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PSTD ( ) Delete  
**Name:** ZORN, BARBARA  
**Address:** 1733 N. ATLANTIC AVE  
**City-St-Zip:** COCOA BEACH, FL 32931

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** BARBARA J. ZORN

PSTD

01/22/2004

Electronic Signature of Signing Officer or Director

Date