



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90040 032 ***150.00

DOCUMENT # P03000073515			
1. Entity Name TRAYNOR ENTERPRISES, INC.			
Principal Place of Business 1418 CATTLE EGRET PLACE BRADENTON, FL 34202		Mailing Address 1418 CATTLE EGRET PLACE BRADENTON, FL 34202	
2. Principal Place of Business 14118 Cattle Egret Place		3. Mailing Address 14118 Cattle Egret Place	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Bradenton FL		City & State Bradenton FL	
Zip 34202	Country USA	Zip 34202	Country USA
6. Name and Address of Current Registered Agent LARSEN, ERIK C 243 W. PARK AVENUE SUITE 201 WINTER PARK, FL 32789		7. Name and Address of New Registered Agent TRAYNOR, MARK 14118 Cattle Egret Place Bradenton FL 34202	
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 		DATE 2/12/04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	PD TRAYNOR, MARK 19 LITLEDAL ROAD WHITTLE HALL, WARRINGTON, UK WA5 3DX <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mark Traynor 14118 Cattle Egret Place Bradenton FL 34202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRAYNOR, ANNE 19 LITLEDAL ROAD WHITTLE HALL, WARRINGTON, UK WA5 3DX <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Traynor, Anne 14118 Cattle Egret Place Bradenton FL 34202 <input checked="" 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
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
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
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

24010000



02112004 Chg-P CR2E034 (10/03)

4. FEI Number **20-0216745** Applied For ☐ Not Applicable

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

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:

 A TRAYNOR

2/12/04

941-755 3505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #