


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90035 014 \*\*\*150.00

<b>DOCUMENT # P03000074623</b>	
1. Entity Name <b>GREAT EXCHANGORS INC.</b>	

Principal Place of Business <b>1277 WHITFIELD AVE. SARASOTA, FL 34243</b>	Mailing Address <b>1277 WHITFIELD AVE. SARASOTA, FL 34243</b>
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04001001

2. Principal Place of Business Suite, Apt. #, etc. <b>3120 Southgate Cr</b>		3. Mailing Address <b>P.O. Box 48414</b>	
City & State <b>SARASOTA FL</b>		City & State <b>SARASOTA FL</b>	
Zip <b>34239</b>	Country <b>SARASOTA</b>	Zip <b>34230-5414</b>	Country <b>SARASOTA</b>



03052004 Chg-P CR2E034 (10/03)

4. FEI Number <b>74-3097556</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MAPP, TIMOTHY  
3120 SOUTHGATE CR.  
SARASOTA, FL 34239**

7. Name and Address of New Registered Agent  
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 reinstating) DATE \_\_\_\_\_

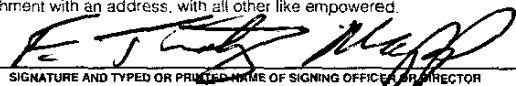
**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>MAPP, TIMOTHY</b>	
STREET ADDRESS <b>3120 SOUTHGATE CR.</b>	
CITY-ST-ZIP <b>SARASOTA, FL 34239</b>	
TITLE <b>TRES</b>	<input checked="" type="checkbox"/> Delete
NAME <b>LESLIE, BEA</b>	
STREET ADDRESS <b>1277 WHITFIELD AVE.</b>	
CITY-ST-ZIP <b>SARASOTA, FL 34243</b>	
TITLE <b>V. P.</b>	<input type="checkbox"/> Delete
NAME <b>RONALD CHOMPKO</b>	
STREET ADDRESS <b>3120 Southgate Cr.</b>	
CITY-ST-ZIP <b>SARASOTA FL 34239</b>	
TITLE <b>TRES.</b>	<input type="checkbox"/> Delete
NAME <b>CONNIE S. BARNHART</b>	
STREET ADDRESS <b>3120 Southgate Cr.</b>	
CITY-ST-ZIP <b>SARASOTA, FL 34243</b>	
TITLE <b>SEC</b>	<input type="checkbox"/> Delete
NAME <b>ELIZABETH KITZMAN</b>	
STREET ADDRESS <b>434 PALMER TREE VILLAGE</b>	
CITY-ST-ZIP <b>BRADENTON FLORIDA 34210</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/8/04** **941-378-2448**  
Date Daytime Phone #