

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90042 049 \*\*\*150.00

**DOCUMENT # P03000075699**

1. Entity Name  
**LIMITLESS INTERNATIONAL, INC.**



Principal Place of Business      Mailing Address  
**1500 TRADEPORT DR STE B**      **1500 TRADEPORT DR STE B**  
**ORLANDO, FL 32824-8450**      **ORLANDO, FL 32824-8450**

2. Principal Place of Business      3. Mailing Address  
**1500 Tradeport Dr.**      Suite, Apt. #, etc.

City & State      City & State  
**Orlando, Fla.**      **Orlando, Fla.**

Zip      Country      Zip      Country  
**32827**      **Orange**



03302004      Chg-P      CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**WEATHERFORD, WILLIAM P JR.**  
**1150 LOUISIANA AVE STE 4**  
**WINTER PK, FL 32789**

4. FEL Number      Applied For  
**57-1176797**      Not Applicable

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Cheryl Jackson</b> <b>1500 Tradeport Dr.</b> <b>Orlando, Fla.</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: \_\_\_\_\_      Date: **4-01-04**      Daytime Phone #: **407-852-9025**

**Cheryl Jackson**