


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 1500 TRADEPORT DR STE B ORLANDO, FL 32824-8450		Mailing Address 1500 TRADEPORT DR STE B ORLANDO, FL 32824-8450	
2. Principal Place of Business 1500 Tradeport Dr. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Orlando, Fla.		City & State	
Zip 32827		Country Orange	
4. FEL Number 57-1176797		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEATHERFORD, WILLIAM P JR. 1150 LOUISIANA AVE STE 4 WINTER PK, FL 32789		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. <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 President Cheryl Jackson 1500 Tradeport Dr. Orlando, Fla.	<input type="checkbox"/> Delete	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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Cheryl Jackson		Date 4-01-04 Daytime Phone # 407-852-9225	