

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000077523

FILED
Apr 29, 2004
Secretary of State

Entity Name: ANOTHER NEW ADVENTURE, INC.

Current Principal Place of Business:

3215 SW PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34984

New Principal Place of Business:

3215 SW PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34953

Current Mailing Address:

3215 SW PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34984

New Mailing Address:

3215 SW PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34953

FEI Number: 65-1197457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHEPPESKE, ROBERT
7805 NW 44 ST
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

SCHEPPESKE, ROBERT
3215B S.W. PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34953 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: ROBERT SCHEPPSKE

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHEPPESKE, ROBERT L JR
Address: 414 CACTUS CIR
City-St-Zip: BOCA RATON, FL

Title: D () Delete
Name: SCHEPPESKE, TRACI R
Address: 414 CACTUS CIR
City-St-Zip: BOCA RATON, FL

Title: D () Delete
Name: NIEDERHAUSER, MARK E
Address: 331 SW DEBOUEVA TER
City-St-Zip: PORT ST LUCIE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ROBERT SCHEPPSKE

PRES

04/29/2004

Electronic Signature of Signing Officer or Director

Date