## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P03000078322  1. Entity Name DON'T SKIRT THE ISSUE, INC.							03-18-2004	4 90046 02	0 ***15	0.00	
Principal Place of Business 2318 S. SUMMERLIN AVENUE ORLANDO, FL 32806			Mailing Address 2318 S. SUMMERLIN ORLANDO, FL 3280					· .	· · · · · · · · · · · · · · · · · · ·		
2. Principal Pi	lace of Busin	ess	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #. etc.			03162004	Chg-P	CR2E034	(10/03)		
City & State			City & State			4 FEI Numb	0520	375		plied For t Applicable	
Zip	ip Country .		Zip	Zip Count		5. Certificate	of Status Desired	☐ <b>\$</b> {	<b>8.75</b> Addi e Required	itional j	
	6. Name	and Address of Current	Registered Agent	egistered Agent Name			7. Name and Address of New Registered Agent				
DRAVES & BEAME, P.A. 120 E. CONCORD STREET ORLANDO, FL 32801					Street Address (P.O. Box Number is Not Acceptable)						
	•				City				Zip Code		
	· · · · · · · · · · · · · · · · · · ·		<u> </u>			FL	<u> </u>				
	named entiti ions of regist		or the purpose of changing	its register	ed office or regist	tered agent, or bo	oth, in the State of Fl	iorida. I am far	niliar with, e	and accept	
SIGNATURE_	Signature, typed	or printed name of registered agent	and title if applicable (N	OTE: Register	ed Agent signature requi	ired when reinstating)	· <u></u>	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.						<b>5.00</b> May Be dded to Fees					
10.	· · · · · · · · · · · · · · · · · · ·	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND D	IRECTORS	IN 11	
TITLE' NAME STREET ADDRESS CITY-ST-ZIP	1	II, ERIN L UMMERLIN AVENUE O, FL 32806	☐ Delete	- 1				C	☐ Change	☐ Addition	
· TITLE NAME		I, FRANK S	☐ Delete	TITE NAM	AE .				Change	Addition	
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS Y-ST-ZIP						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Delete				· · · · · · · · · · · · · · · · · · ·	ĵ.	Change	Addition	
12. I hereby of indicated of the cor	l on this repo rporation or t	rt or supplemental report i he receiver or trustee emp	this filing does not qualify strue and accurate and the bowered to execute this repowers with all other like empowers	for the exe at my signa ort as requ	emption stated in	Section 119.07(3) ne same legal effe 607, Florida Statut	(i), Florida Statutes ot as if made under es; and that my nam	. I further certify oath; that I am ne appears in f	/ that the in an officer 3lock 10 or	or director Block 11 if	

Erin L. Vertolli

March 16,2004