

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-18-2004 90046 020 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                              |         |                                                                                                                     |                                                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P03000078322</b><br>1. Entity Name<br><b>DON'T SKIRT THE ISSUE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                              |         |                                                                                                                     |                                  |  |
| Principal Place of Business<br><b>2318 S. SUMMERLIN AVENUE<br/>ORLANDO, FL 32806</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                              |         | Mailing Address<br><b>2318 S. SUMMERLIN AVENUE<br/>ORLANDO, FL 32806</b>                                            |                                                                                                                   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                              |         | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                           |                                                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                              |         | City & State                                                                                                        |                                                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                              | Country |                                                                                                                     | 4. FEI Number<br><b>45-0520375</b>                                                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                              |         |                                                                                                                     | Applied For<br>Not Applicable                                                                                     |  |
| 6. Name and Address of Current Registered Agent<br><b>DRAVES &amp; BEAME, P.A.<br/>120 E. CONCORD STREET<br/>ORLANDO, FL 32801</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                              |         |                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                              |         |                                                                                                                     | FL Zip Code                                                                                                       |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                              |         |                                                                                                                     |                                                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                              |         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |                                                                                                                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                              |         | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                        |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br><b>VERTOLLI, ERIN L</b><br><b>2318 S. SUMMERLIN AVENUE</b><br><b>ORLANDO, FL 32806</b> <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br><b>VERTOLLI, FRANK S</b><br><b>2318 S. SUMMERLIN AVENUE</b><br><b>ORLANDO, FL 32806</b> <input type="checkbox"/> Delete |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                              |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                              |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                              |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                              |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |  |
| 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. |                                                                                                                              |         |                                                                                                                     |                                                                                                                   |  |
| <b>SIGNATURE:</b> <i>Erin L. Vertolli</i> <b>Erin L. Vertolli</b> <b>March 16, 2004</b><br><div style="text-align: right;">(407) 540-9992</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                              |         |                                                                                                                     |                                                                                                                   |  |