

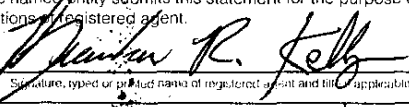
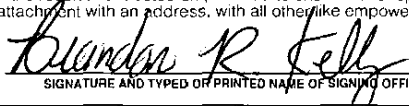


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90301 048 \*\*\*150.00

<b>DOCUMENT # P03000096064</b> 1. Entity Name <b>ESTATIC.ORG, INC.</b>					
Principal Place of Business <b>5830 MEMORIAL HWY #112 TAMPA, FL 33615</b>				Mailing Address <b>5830 MEMORIAL HWY #112 TAMPA, FL 33615</b>	
2. Principal Place of Business <b>801 23 ST N.</b> Suite, Apt. #, etc.		3. Mailing Address <b>801 23 ST N.</b> Suite, Apt. #, etc.			
City & State <b>ST. PETERSBURG, FL</b>		City & State <b>ST. PETERSBURG, FL</b>		4. FEI Number <b>36-4539830</b>	
Zip <b>33713</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee, Required	
6. Name and Address of Current Registered Agent  <b>KELLY, BRANDON R 249 12TH AVE. NE ST. PETERSBURG, FL 33701</b>				7. Name and Address of New Registered Agent Name <b>KELLY, BRANDON R</b> Street Address (P.O. Box Number is Not Acceptable) <b>801 23 ST N.</b> City <b>ST. PETERSBURG</b> <b>FL</b> Zip Code <b>33713</b>	
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  DATE <b>4/26/2004</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLY, BRANDON R 249 12TH AVE. NE ST. PETERSBURG, FL 33701	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLY, BRANDON R 801 23 ST N. ST. PETERSBURG, FLORIDA, 33713	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SMITH, DAVID J 249 12TH AVE. NE ST. PETERSBURG, FL 33701	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SMITH, DAVID J. 801 23 ST N. ST. PETERSBURG, FLORIDA, 33713	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.					
SIGNATURE: 			4/26/2004 727-278-8733 <small>Date Daytime Phone #</small>		