2004 FOR PROFIT CORPORATION ANNUAL REPORT

3/31

FILED
May 13, 2004 8:00 am
Secretary of State

03-31-2004 90001 008 ***150.00

DOCUMENT # P03000105828

1. Entity Name
E. A. P. VENTURES, INCORPORATED

Principal Place of Business	Mailing Address
11612 SEMINOLE BLVD. LARGO, FL 33778 US	11612 SEMINOLE BLVD. LARGO, FL 33778 US

03192004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	1213 13 CIR SE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: LARGO, FL
Zip / Country	Zip: 33771 Country: US

4. FEI Number: 54-2127121 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PARROT, ELIZABETH A 1213 13TH CIRCLE SE LARGO, FL 33771	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 ______________________
Signature, typed or printed name of registered agent and title if applicable (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. ☐ **$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	P PARROT, ELIZABETH A 1213 13TH CIRCLE SE LARGO, FL 33771 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Parrott J.M. Parrott CVP 3-25-04 727-571-1556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #