2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2004 8:00 am
Secretary of State

02-16-2004 90057 012 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000106632

1. Entity Name

S.R.E. FRANCHISING SYSTEMS, INC.

Principal Place of Business	Mailing Address
44 SANDPIPER RD. TAMPA FL 33609	44 SANDPIPER RD. TAMPA FL 33609

2. Principal Place of Business	3. Mailing Address
44 Sandpiper Rd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FLORIDA	City & State
Zip: 33609 / Country: USA	Zip / Country

4. FEI Number: 76-0749982 — 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
NOLDE, BART 44 SANDPIPER RD. TAMPA FL 33609	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
Make Check Payable to Florida Department of State

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	D NOLDE, BART 44 SANDPIPER RD. TAMPA FL 33609 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KANATAS, BILLY - DIRECTOR 322 GATESBY RIVERSIDE, IL 60546 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE CHAIRMAN CHERPPER, BRAD 136 N. DAVIS BLVD TAMPA, FL 33606 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DRESDEN, GARY DIRECTOR 2106 DREW ST. CLEARWATER, FL 33765 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Blumberg, Joel - DIRECTOR 2790 - BAY BREEZE TRL. LARGO, FL 33770 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MATTHEWS, SHANE DIRECTOR 3527 SW 92ND ST GAINESVILLE, FL 32608-8673 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MCFARLAND, ANTHONY - DIRECTOR 12014 MARBLEHEAD DR. TAMPA, FL 33626 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOHNSON, BRAD - DIRECTOR 6617 HEARTLAND CR. TALLAHASSEE, FL 32312 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GRIES, BOB - DIRECTOR 2620 S. PARKVIEW ST TAMPA, FL 33629 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ 2/10/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #