


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90088 029 ***150.00

DOCUMENT # P03000116651	
1. Entity Name STORK REPORTS, INC.	

Principal Place of Business 121 SEASHORE DR ISLAMORADA FL 33036	Mailing Address 121 SEASHORE DR ISLAMORADA FL 33036
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2. Principal Place of Business 121 Seashore Dr.	3. Mailing Address 108 Gardenia Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Islamorada FL	City & State Tavernier FL
Zip 33036	Zip 33070
Country US	Country US

4. FEI Number 27 - 0070483	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PRINCE, KAREN W 121 SEASHORE DR ISLAMORADA FL 33036	
108 Gardenia Street Tavernier, FL 33070	

7. Name and Address of New Registered Agent	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRINCE, KAREN 121 SEASHORE DR ISLAMORADA FL 33036	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Prince, Karen 108 Gardenia Street Tavernier, FL 33070
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
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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: Karen Prince **3-16-04** **305 852 8009**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #