

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90338 011 ***150.00

DOCUMENT # P03000117422

1. Entity Name
TRACKER FORMS 4 LESS INC.



Principal Place of Business
151 N ORLANDO AVENUE
SUITE 147
WINTER PARK FL 32789-3627

Mailing Address
151 N ORLANDO AVENUE
SUITE 147
WINTER PARK FL 32789-3627

2. Principal Place of Business
1010 Ayrshire St.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 593826
Suite, Apt. #, etc.



04262004 Chg-P CR2E034 (10/03)

City & State
Orlando FL
Zip
32803
Country
U.S.A.

City & State
Orlando FL
Zip
32859
Country
USA

4. FEI Number
41-217137
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SWEENEY, MICHAEL
151 N. ORLANDO AVENUE
SUITE 147
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name
Terry Donahue
Street Address (P.O. Box Number is Not Acceptable)
1010 Ayrshire St.
City
Orlando FL Zip Code
32803

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: 4-27-04

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

TITLE
NAME
D SWEENEY, MICHAEL ☒ Delete
STREET ADDRESS
151 N. ORLANDO AVENUE, SUITE 147
CITY-ST-ZIP
WINTER PARK, FL 327893627

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
V.P. Terry Donahue ☐ Change ☒ Addition
STREET ADDRESS
1010 Ayrshire St.
CITY-ST-ZIP
Orlando FL 32803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04 407 228 2024

Date

Daytime Phone #