

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000124541

FILED
Apr 28, 2004
Secretary of State

Entity Name: FOUR LEAF CLOVER FAMILY ENTERTAINMENT CORP.

Current Principal Place of Business:

510 PONCE DE LEON BLVD
BELLAIR, FL 33756

New Principal Place of Business:

510 PONCE DE LEON BLVD
BELLEAIR, FL 33756

Current Mailing Address:

510 PONCE DE LEON BLVD
BELLAIR, FL 33756

New Mailing Address:

510 PONCE DE LEON BLVD
BELLEAIR, FL 33756

FEI Number: 80-0080678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORTON BREMAN, CATHERINE M
BERMAND & NORTON BREMAN PA
401 S FLORIDA AVENUE SUITE 300
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

TIFFIN, ELIZABETH A MS.
510 PONCE DE LEON BLVD.
BELLEAIR, FL 33756 US

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.

SIGNATURE: ELIZABETH A. TIFFIN

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TIFFIN, ELIZABETH A
Address: 510 PONCE DE LEON BLVD
City-St-Zip: BELLAIR, FL 33756

Title: TD () Delete
Name: TIFFIN, JOHN
Address: 510 PONCE DE LEON BLVD
City-St-Zip: BELLAIR, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TIFFIN, ELIZABETH A
Address: 510 PONCE DE LEON BLVD
City-St-Zip: BELLEAIR, FL 33756

Title: TD (X) Change () Addition
Name: TIFFIN, JOHN
Address: 510 PONCE DE LEON BLVD
City-St-Zip: BELLEAIR, FL 33756

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH A. TIFFIN

PD

04/28/2004

Electronic Signature of Signing Officer or Director

Date