

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90007 004 ***150.00

DOCUMENT # P03000132804

1. Entity Name
HE AIN'T HERE, INC.



Principal Place of Business
1515 S.W. PENDARVIS CT.
PALM CITY, FL 34990

Mailing Address
1515 S.W. PENDARVIS CT.
PALM CITY, FL 34990

2. Principal Place of Business

759 S FEDERAL HWY

3. Mailing Address

759 S FEDERAL HWY

Suite, Apt. #, etc.

SUITE 311

Suite, Apt. #, etc.

SUITE 311

City & State

STUART FL

City & State

STUART FL

Zip

34994

Country

MAINTN

Zip

34994

Country

MAINTN



05212004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0419510

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOSSACK, MARY U
759 S. FEDERAL HWY.
SUITE 311
STUART, FL 34994

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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE: CEO
NAME: LOFTON, STEVEN A
STREET ADDRESS: 1128 CATALINA ST.
CITY-ST-ZIP: PALM CITY, FL 34990 ☒ Delete

TITLE: P
NAME: KOSSACK, EDGAR W
STREET ADDRESS: 1515 S.W. PENDARVIS CT.
CITY-ST-ZIP: PALM CITY, FL 34990 ☐ Delete

TITLE: ST
NAME: KOSSACK, MARY U
STREET ADDRESS: 1515 S.W. PENDARVIS CT.
CITY-ST-ZIP: PALM CITY, FL 34990 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: P, CEO ☒ Change ☐ Addition
NAME: KOSSACK, EDGAR W
STREET ADDRESS: 759 S FEDERAL HWY, SUITE 311
CITY-ST-ZIP: STUART, FL 34994

TITLE: ST ☒ Change ☐ Addition
NAME: KOSSACK, MARY U
STREET ADDRESS: 759 S FEDERAL HWY, SUITE 311
CITY-ST-ZIP: STUART, FL 34994

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

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

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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:

Mary U Kossack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/04

Date

772-463-2526

Daytime Phone #