

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90336 032 ***158.75

DOCUMENT # P03000138159					
1. Entity Name PACT DIRECT ENTERPRISE, INC.					
Principal Place of Business 2550 KIRBY CIRCLE SUITE 202 PALM BAY, FL 32907			Mailing Address 2550 KIRBY CIRCLE SUITE 202 PALM BAY, FL 32907		
2. Principal Place of Business 1510 LATHAM Rd. Suite, Apt. #, etc. Suite 10 City & State West Palm Bch FL. Zip 33409 Country USA		3. Mailing Address 3440 CANTEN CT Suite, Apt. #, etc. City & State LANDOLakes FL Zip 34639 Country USA			
03242004 Chg-P CR2E034 (10/03)		4. FEI Number 061-713826		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent STEELE, CECIL R 2550 KIRBY CIRCLE SUITE 202 PALM BAY, FL 32907	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1510 LATHAM Rd. Suite 10 City W. Palm Bch FL Zip Code 34639				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when registering)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 STEELE, CECIL R 2550 KIRBY CIRCLE SUITE 202 PALM BAY, FL 32907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1510 LATHAM RD #10 West Palm Bch FL 33409	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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
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: Cecil R Steele CECIL R STEELE (President) 04-03-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-TC Phone #</small>					