## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 29, 2004 8:00 am Secretary of State **DOCUMENT # P03000140408** 04-29-2004 90240 008 \*\*\*150.00 1. Entity Name FMR OF AMERICA, INC. Principal Place of Business Mailing Address UTU14143 10200 GANDY BLVD N #1017 10200 GANDY BLVD N #1017 ST PETERSBURG, FL 33702 ST PETERSBURG, FL 33702 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262004 CR2E034 (10/03) Cha-P Applied For City & State City & State 4. FEi Number Not Applicable Zip Country Country Zin \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent Name CORNELL-ONEILL, JOANNE Street Address (P.O. Box Number is Not Acceptable) 10200 GANDY BLVD N #1017 ST PETERSBURG, FL 33702 Zip Code City 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 about and title if applicable (NOTE: Recistered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition CORNELL-ONEILL, JOANNE NAME NAME STREET ADDRESS 10200 GANDY BLVD N #1017 STREET ADDRESS CITY-ST-ZIP ST PETERSBURG, FL 33702 CITY-ST-ZIP Delete TITLE TITLE ☐ Channe notibba 🔲 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS M : CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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: OFFICER OR DIRECTOR

**FILED**