

# 2004 FFL F. OFF CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90304 019 \*\*\*150.00

1. Entity Name <b>PLUCK IT, INCORPORATED</b>		P03000158461	
Principal Place of Business P.O. BOX 33186 INDIALANTIC, FL 32903		Mailing Address P.O. BOX 33186 INDIALANTIC, FL 32903	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03012004

6. Name and Address of Current Registered Agent <b>LEIGH, CASHMIR</b> <b>231 LANSING ISLAND DR.</b> <b>INDIAN HARBOUR BEACH, FL 32937</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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: Cashmir Leigh DATE: 4-6-04  
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
CEO LEIGH, CASHMIR P.O. BOX 33186 INDIALANTIC, FL 32903	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
PSTD LEIGH, CASHMIR P.O. BOX 33186 INDIALANTIC, FL 32903	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
D GALIE, ANTHONY P.O. BOX 33186 INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> <u>delete</u>		<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>

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: Cashmir Leigh DATE: 4-6-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR