

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 27 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P38021

1. Entity Name
PROSPECT ENTERPRISES, INC.



Principal Place of Business

550 CERES AVENUE
LOS ANGELES, CA 90013

Mailing Address

21333 OXNARD STREET
FIRST FLOOR
WOODLAND HILLS, CA 91367-5017



02102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-1890952

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARACORP INCORPORATED
236 East 6th Ave.
Tallahassee, FL 32303

**DO NOT WRITE
IN THIS SPACE**

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 Denise Zoller Paracorp Incorporated Assistant Secretary 4/16/04
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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees 400035821664
05/10/04--01078--011 **150.00

10. OFFICERS AND DIRECTORS

TITLE	PCOB
NAME	DOIZAKI, ERNEST Y.
STREET ADDRESS	550 CERES AVENUE
CITY-ST-ZIP	LOS ANGELES, CA 90013
TITLE	P
NAME	LANTER, JAMES
STREET ADDRESS	550 CERES AVENUE
CITY-ST-ZIP	LOS ANGELES, CA 90013
TITLE	ST
NAME	CARTER, PEGGY
STREET ADDRESS	550 CERES AVENUE
CITY-ST-ZIP	LOS ANGELES, CA 90013
TITLE	D
NAME	ANKER, SAMUEL
STREET ADDRESS	21333 OXNARD ST FIRST FLOOR
CITY-ST-ZIP	WOODLAND HILLS, CA 913675017
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SECRETARY - TREASURER