

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000031117

FILED
Apr 13, 2004
Secretary of State

Entity Name: PERSONAL DYNAMICS CORPORATION OF TAMPA BAY

Current Principal Place of Business:

5441 19TH ST.
ZEPHYRHILLS, FL 33540

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 435
CRYSTAL SPRINGS, FL 335240435

New Mailing Address:

5441 19TH STREET
ZEPHYRHILLS, FL 33542

FEI Number: 59-3178129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OESCH, GARY R
5441 19TH ST.
ZEPHYRHILLS, FL 33540 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OESCH, GARY R
Address: 5441 19TH STREET
City-St-Zip: ZEPHYRHILLS, FL

Title: VT () Delete
Name: OESCH, CAROLE
Address: 5441 19TH ST
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: VM () Delete
Name: KEENE, BERNARD
Address: 4447 STILLMAN STREET
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: V () Delete
Name: BROOK, BRUCE
Address: 3200 SILKWOOD LOOP
City-St-Zip: LAND O'LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY R. OESCH

P

04/13/2004

Electronic Signature of Signing Officer or Director

Date