


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90002 002 \*\*\*158.75

<b>DOCUMENT # P94000032953</b>		
1. Entity Name SOUTHERN ELOQUENCE, INC.		

Principal Place of Business 351 S E 90TH ST OCALA FL 33480 US	Mailing Address 351 S E 90TH ST OCALA FL 33480 US
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2. Principal Place of Business 3144 NE 2nd PL.	3. Mailing Address 3144 NE 2nd PL.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ocala, Fl.	City & State Ocala, Fl.
Zip 34470	Zip 34470
Country USA	Country USA



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent  PILARCZYK, ERVIN R JR. 351 S E 90TH ST OCALA FL 33480	
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4. FEI Number 59-3241786	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PILARCZYK, ERVIN R 351 SE 90 STREET OCALA FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Southern Eloquence - PILARCZYK, ERVIN R. 3144 NE 2nd PL. Ocala, Fl. 34470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST PILARCZYK, LAUREN W 351 SE 90 STREET OCALA FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST PILARCZYK, Lauren W. 3144 NE 2nd PLACE Ocala, Fl. 34470 <input checked="" 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
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:**  **Lauren Pilarczyk** 1-28-04 (352) 237-0720  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #