


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P9400005217† 1. Entity Name FUTURA INTERNATIONAL, INC.	
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Principal Place of Business 22051 U.S. HIGHWAY 19 NORTH CLEARWATER, FL 33765	Mailing Address 22051 U.S. HIGHWAY 19 NORTH CLEARWATER, FL 33765
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DO NOT WRITE IN THIS SPACE

04222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3253376	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LONG, TERRY L 22051 U.S. HIGHWAY 19 NORTH CLEARWATER, FL 33765	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LONG, TERRY L 22051 U.S. HIGHWAY 19 NORTH CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FRYMAN, MARSHALL 220501 US HWY 19 N CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LONG, WAYNE 22051 US HWY 19 N CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BAILEY, CLIVE 22051 US HWY N CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/27/04-80028-003 150.00

**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: CLIVE R. BAILEY ST 4/23/04 727-791-3332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #