## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000063468

PONCE INLET, FL

City-St-Zip:

**Entity Name:** SBS/RESORT PROMOTIONS, INC.

FILED Feb 21, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 206 B. MOORE AVE. 4319 S. PENINSULA DRIVE DAYTONA BCH., FL 32118 PONCE INLET, FL 32127 LIS **Current Mailing Address: New Mailing Address:** 4319 S. PENINSULA DRIVE PONCE INLET, FL 32127 FEI Number: 59-3264387 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CASSEVOY, NICHOLAS B 4319 S. PENINSULA DRIVE PONCE INLET, FL 32127 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition CASSEVOY, NICHOLAS B Name: Name: 4319 S. PENINSULA DRIVE Address: Address: City-St-Zip: PONCE INLET, FL 32127 City-St-Zip: Title: Title: () Change () Addition () Delete Name: CASSEVOY, EVOLYN Name: 4319 S PENINSULA DR Address: 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 Statutés. 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: NICHOLAS CASSEVOY 02/21/2004 D