2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

ANNUAL REPORT (AR)						FILED				
DOCUMENT # P94000089908 1. Entily Name						Feb 02, 2004 08:00 AM Secretary of State				
FOURLEES, INC.						Secretar	y or S	iau		
Principal Place of Business Malling Address			•							
11578 TRADEWINDS BLVD LARGO FL 33773		11578 TRADEWINDS BLVD LARGO FL 33773								
US		US				h lindigaan kan kakin ahali liibik aanga karga ay	ERRY AMILIEC ERRYTH AMIL			
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite. Apt #, etc.			MOORE CR2	E034 (11/0)3)			
City & State		City & State		4. F	El Number 59-3283137			olied For Applicable		
Zip Country		Zip Country		try	5. 0	ertificate of Status Desired		5 Addr	tional	
	6. Name and Address of Current	Registered Agent	Į		7. N	ame and Address of New Regist		lequired	•	
				Name	·	· · · · · · · · · · · · · · · · · · ·				
LEE, TERRI L 11578 TRADEWINDS BLVD				Street Address (P.O. B	ox Number is Not Acceptable)				
	RGO FL 34643			<u> </u>		 -				
				City			FL Zi	ip Code		
8. The above	named entity submits this statement for	or the purpose of changing its	registere	ed office or register	ed ag	ent, or both, in the State of Florida.	<u> </u>	r with, a	and accept	
the obligat	tions of registered agent.								-	
SIGNATURE	Signature, typed or printed name of registered agont	and title if applicable (NOTI	E Registered	Agent signature required	I when re	nstating)	DATE			
F	ILE NOW!!! FEE IS \$150.00	777 55.			···					
After May 1, 2004 Fee will be \$550.00						 Election Campaign Financir Trust Fund Contribution. 	ng 🔲		May Be to Fees	
Make Chec	k Payable to Florida Department of OFFICERS AND		11.	 	45	DITIONS/CHANGES TO OFFICER	S AND DIRE	CTÓBE	JKI 1 i	
TITLE	DP OF ICERS AND	Delete	TITLE		AU.	DITIONS/CHANGES TO OFFICER			☐ Addition	
NAME	LEE, TERRI L		NAME	1						
STREET ADDRESS CITY-ST-ZIP	11578 TRADEWINDS BLVD LARGO FL			et address -st-zip						
TITLE	VP	☐ Delete	TITLE		•	00000002753 02/03/04-80053	S _{CLO} E	hange	☐ Addition	
NAME STREET ADDRESS	LEE, JAMES W 11578 TRADEWINDS BLVD		MAM	ET ADDRESS		02/83/94-88833	-015 15	U.UU	 .	
CITY-ST-ZIP	LARGO FL			-ST-ZIP						
TITLE		☐ Delete	ŢITLE	1			C	hange	Addition	
NAME STREET ADDRESS			NAME STREE	E Et address						
CITY-ST-ZIP			CITY-	-ST-ZIP						
TITLE NAME		☐ Delete	TOTLE				□d	hange	Addition	
STREET ADDRESS			NAME STREE	ET ADDRESS						
CITY-SI-ZIP			CITY	-ST-ZIP						
TITLE NAME		☐ Delete	TITLE	į			☐ C	hange	Addition	
STREET ADDRESS				ET ADDRESS						
CITY+ST-ZIP			CITY-	-ST-2IP						
TITLE NAME		☐ Delete	TITLE	1			ï <u>□</u> c	nange	Addition	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP	<u> </u>			-ST-ZIP		· · · · · · · · · · · · · · · · · · ·				
12. I hereby indicated	certify that the information supplied witl I on this report or supplemental report i rporation or the receiver or trustee emp	h this filing does not qualify for s true and accurate and that r	r the exer my signat	notion stated in Se ure shall have the	ction t same l	19.07(3)(i), Florida Statutes. I furti- egal effect as if made under oath,	ier certify tha that I am an	it the int officer (formation or director	
changed	rporation or the receiver or trustee emp , or on an attachment with an address,	with all other like empowered.	as requii	red by Chapter 607	r, Horid	ia statutes, and that my name app	ears in Bloc	k IU or	RIOCK 13 if	
1	<u> </u>	, v		, ,		1 1 .				

1/29/04

Date