



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000009589 1. Entity Name OUT OF THE PARK, INC.	
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Principal Place of Business 2202 N. WESTSHORE BLVD., 5TH FLOOR TAMPA, FL 33607	Mailing Address 2202 N. WESTSHORE BLVD., 5TH FLOOR TAMPA, FL 33607
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DO NOT WRITE IN THIS SPACE

	
04132004	No Chg-P CR2E034 (10/03)
4. FEI Number 65-0555519	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 KADOW, JOSEPH J 2202 N. WESTSHORE BLVD., 5TH FLOOR TAMPA, FL 33607
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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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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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	U000000141883 04/30/04-80029-008 100.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSP SULLIVAN, CHRIS T 2202 N. WESTSHORE BLVD., 5TH FLOOR TAMPA, FL 33607
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000141883 04/30/04-80029-009 50.00
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4-14-04 <small>Date</small>	813 282 1225 <small>Daytime Phone #</small>
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