## 2004 FOR PROFIT CORPORATION - ANNUAL REPORT

## **DOCUMENT # P95000013659**

Entity Name
 FLD ACQUISITION, INC.



FILED
Jan 20, 2004 08:00 AM
Secretary of State

Principal Place of Business 4519 GEORGE ROAD

SUITE 130 TAMPA, FL 33634-7329 US Mailing Address
4519 GEORGE I

4519 GEORGE ROAD SUITE 130

SUITE 130 TAMPA, FL 33634-7329 US

## DO NOT WRITE IN THIS SPACE



01062004

No Chg-P

CR2E034 (10/03)

FEI Number
 59-3309654

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

R. JAMES ROBBINS, JR, . 101 EAST KENNEDY BOULEVARD SUITE 3700 TAMPA, FL 33602-0000

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the prions of registered agent.	surpose of changing its registered	office or re	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accep
SIGNATURE.	Signature, typed or printed name of registered agent and title I	it applicable (MOTE Periotered Ac	ont signanas	required when reinstating)	DATE
	Symilars, glyca or printed register of registerior again this inte-		-		BALL
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		<ol> <li>Election Campaign Financir Trust Fund Contribution.</li> </ol>	,	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		~ <del>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </del>	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	PD BARTELT, DAVID W. 16004 WESTVIEW CIRCLE ODESSA, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANE, DONALD S. 12004 PLANTAIN COURT TAMPA, FL				UND000009602 01/20/04-80071-002 158.75
THILE NAME STREET ADDRESS CITY-ST-ZIP	SD SULLIVAN, MARK O. 4609 TENNYSON AVENUE TAMPA. FL			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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 withyan address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

1/19/04

813-880-9106