


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000023333 1. Entity Name FENWICK INTERNATIONAL, INC.	
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Principal Place of Business 4720 WEST CYPRESS ST. TAMPA, FL 33607	Mailing Address 4720 WEST CYPRESS ST. TAMPA, FL 33607
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04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3323336	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARKER, JEFFREY R
4720 W. CYPRESS ST 1ST FL
TAMPA, FL 33607

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PARKER, JEFFREY R 4720 WEST CYPRESS ST. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SCHMEDT, PETER 4720 W CYPRESS ST TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RILEY, SCOTT 4720 WEST CYPRESS ST. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/28/04-80033-014 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Schmedt

Secretary

Date

4/22/04 (813) 281-1030

Daytime Phone #