2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2004 8:00 am Secretary of State

4/7/04 (813)962-0738

DOCUMENT # P95000026212 1. Entity Name FOUR POINT PRODUCTS, INC.					04-13-2004	90020 026 ***15	50.00	
Principal Place of Business 4230 WINDING WILLOW DR TAMPA, FL 33624 US Mailing Address 4230 WINDING WILLOW DR TAMPA, FL 33624 US			3			,		
Principal Place of Business 3.		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04042004	Chg-P	CR2E034 (10/03)		
City & State		City & State	,		er 05285	. No	pplied For ot Applicable	
3361	Country	33618 -	Country 		of Status Desired	□ \$8.75 Add	ditional ed∈	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
HINES, JAMES P				Name				
315 S HYDE PARK AVE TAMPA, FL 33606			Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
1AWF A, 1 E 33000								
			City	City FL Zip Code				
	named entity submits this statement for ions of registered agent.	the purpose of changing its reg	istered office or req	gistered agent, or bo	oth, in the State of Flo	orida. I am familiar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature				equired when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees				
10.	171		11.	ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME	D EBERBACH, MARK A	☐ Delete	TITLE.		*	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	18009 CRAWLEY ROAD ODESSA, FL 33556		STREET ADDRESS CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE			🔀 Change	☐ Addition	
NAME STREET ADDRESS	PRESTON, ALAN J 4230 WINDING WILLOW DR		NAME STREET A <u>DD</u> RESS					
CITY-ST-ZIP	TAMPA, FK 33624		CITY-SI-ZIP		336	18		
TITLE NAME		☐ Delete	TITLE NAME			Change	Addition	
STREET ADDRESS		a sabrapa an agu ann i	STREET ADDRESS			<u> </u>	·	
CITY-ST-ZIP		Delete	CITY-ST-ZIP			☐ Change	☐ Addition	
NAME		∟1 pelete	NAME			Grange		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE		4:	☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	·····		☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
l indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attack TOPEN with an address.	true and accurate and that my s	ionature shall have	ithe same legal effe	ct as if made under 0	oath: that I am an oilicer	or airector	