
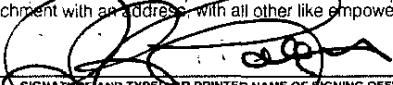


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90003 010 \*\*\*150.00

<b>DOCUMENT # P95000033216</b> 1. Entity Name <b>ADVANTA ENTERPRISES, INC.</b>					
Principal Place of Business <b>660 ANCLOTE DRIVE TARPON SPRINGS, FL 34689</b>			Mailing Address <b>PO BOX 1802 TARPON SPRINGS, FL 34688</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BOLE, BRADLEY D M ESQ. RADHERT, STEELE, BRYAN, BOLE &amp; REYNOLDS PA 535 CENTRAL AVE. ST. PETERSBURG, FL 33701</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	<input checked="" type="checkbox"/> Delete	TITLE	PT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WAWRIK, BORIS</b>		NAME	<b>CALLABY, R</b>	
STREET ADDRESS	<b>221 MAPLE</b>		STREET ADDRESS	<b>PO BOX 1802</b>	
CITY-ST-ZIP	<b>PALM HARBOR, FL</b>		CITY-ST-ZIP	<b>TARAPON SPRINGS FL 34688</b>	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CALLABY, R</b>		NAME	<b>WAWRIK, BORIS</b>	
STREET ADDRESS	<b>660 ANCLOTE DR.</b>		STREET ADDRESS	<b>660 ANCLOTE DR</b>	
CITY-ST-ZIP	<b>TARAPON SPRINGS, FL 34689</b>		CITY-ST-ZIP	<b>TARAPON SPRINGS FL 34689</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 <b>RICHARD CALLABY</b>		
			Date <b>1/8/04</b> (727) 942-0338		