



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000040929		
1. Entity Name FRIDOVICH HOLDINGS, INC.		
Principal Place of Business 2600 SOUTH FLORIDA AVE., SUITE 100 LAKELAND, FL 33803		Mailing Address 2600 SOUTH FLORIDA AVE., SUITE 100 LAKELAND, FL 33803
DO NOT WRITE IN THIS SPACE		
		 04082004 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-3316009
		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 FRIDOVICH, ANTHONY S 2600 SOUTH FLORIDA AVENUE #100 LAKELAND, FL 33803		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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000118606 04/19/04 08067 006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FRIDOVICH, ANTHONY 2600 SOUTH FLORIDA AVE., SUITE 100 LAKELAND, FL 33803	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HIRSCH, DEBBIE LEE 2600 SOUTH FLORIDA AVE., SUITE 100 LAKELAND, FL 33803	
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/9/04 863 680 3322 Date Daytime Phone #