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Secretary of State
05-03-2004 90414 001 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000045400

1. Entity Name
CONSUMER RESOURCE, INC.

94080167

Principal Place of Business	Mailing Address
8601 LITTLE RD NEW PORT RICHEY, FL 34654	8601 LITTLE RD NEW PORT RICHEY, FL 34654

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
4500 140TH AVE N		P.O. BOX 14209	
Suite, Apt. #, etc. SUITE 101		Suite, Apt. #, etc	
City & State CLEARWATER, FL		City & State CLEARWATER, FL	
Zip 33762	Country USA	Zip 33766	Country USA

4. FEI Number 59-3320413 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BORNEMANN, WILLIAM A
8601 LITTLE RD
NEW PORT RICHEY, FL 34654

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 4500 140TH AVE N SUITE 101
City CLEARWATER FL Zip Code 33762

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 Wm. A. Bornemann DATE 4-29-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	BORNEMANN, WILLIAM A.		NAME	
STREET ADDRESS	4333 FALLBROOK BLVD		STREET ADDRESS	4230 14TH ST NE
CITY-ST-ZIP	PALM HARBOR, FL		CITY-ST-ZIP	ST PETERSBURG, FL 33703
TITLE	VP	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	BORNEMANN, BARBARA		NAME	
STREET ADDRESS	4333 FALLBROCK BLVD		STREET ADDRESS	4230 14TH ST NE
CITY-ST-ZIP	PALM HARBOR, FL 34685		CITY-ST-ZIP	ST. PETERSBURG, FL 33703
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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: Wm. A. Bornemann 4-29-04 727 797-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #