2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000052135

FILED Mar 26, 2004 Secretary of State

Entity Nan	ne: MINN AND F	FITZ INC.			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
429 SWAIN BLVD. GREENACRES, FL 33463			3142 DREW WAY PALM SPRINGS, FL	3142 DREW WAY PALM SPRINGS, FL 33406	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
429 SWAIN GREENAC	NBLVD. RES, FL 33463		3142 DREW WAY PALM SPRINGS, FL	_ 33406	
FEI Number:	65-0588773 I	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
MINNICK, TODD 429 SWAIN BLVD. GREENACRES, FL 33463			MINNICK, TODD 3142 DREW WAY PALM SPRINGS, FL	_ 33406	
The above in the State		mits this statement for the p	urpose of changing its registe	red office or registered agent, or both,	
SIGNATURE: TODD MINNICK				03/26/2004	
	Electronic	Signature of Registered Age	ent	Date	
Election Cam	npaign Financing Tr	ust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () De MINNICK, TONI 5670 S. 38TH CT. GREENACRES, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () De LEWIS, FRANK 348 JENNINGS AV GREENACRES, FL	ENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () De MINNICK, TODD 429 SWAIN BLVD. GREENACRES, FL		Title: Name: Address: Citv-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD MINNICK T 03/26/2004