


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90034 039 \*\*\*150.00

<b>DOCUMENT # P95000070242</b>	
1. Entity Name <b>SPRING BREAK, INC.</b>	

Principal Place of Business <b>750 NW 38TH ST FORT LAUDERDALE FL 33309 US</b>	Mailing Address <b>750 NW 38TH ST FORT LAUDERDALE FL 33309 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State

Zip <b>33309</b> Country <b>BROWARD</b>	Zip <b>33309</b> Country <b>BROWARD</b>
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6. Name and Address of Current Registered Agent <b>STOCKTON, RODNEY M- 750 NORTHWEST THIRTY-EIGHTH STREET FORT LAUDERDALE FL 33309</b>	
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4. FEI Number <b>65-0676390</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	<b>STOCKTON, RODNEY</b>
STREET ADDRESS	<b>750 N W 38 ST</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33304</b>
TITLE	DS <input type="checkbox"/> Delete
NAME	<b>MEDRICK, DENISE</b>
STREET ADDRESS	<b>23359 S W 55TH WAY</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>THOMPSON, TIM</b>
STREET ADDRESS	<b>3179 ALENES DRIVE</b>
CITY-ST-ZIP	<b>GAINESVILLE GA 30506</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>GASPERONI, JEAN</b>
STREET ADDRESS	<b>1302 MISTY RIDGE COURT</b>
CITY-ST-ZIP	<b>APOPKA FL 32712</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: RODNEY M. STOCKTON - PRES.** *Rodney M. Stockton* **954-624-5501**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **3-1-04** Daytime Phone #