2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004
Secretary of State

DOCUMENT# P95000071796

Entity Name: CITICOM ONLINE COMMUNICATION SERVICES, INC.

Current Principal Place of Business:

7143 SR 54
STE 119
NEW PORT RICHEY, FL 34653 US

New Principal Place of Business:

6646 ROWAN ROAD
NEW PORT RICHEY, FL 34653 US

Current Mailing Address:

7143 SR 54
STE 119
NEW PORT RICHEY, FL 34653 US

New Mailing Address:

6646 ROWAN ROAD
NEW PORT RICHEY, FL 34653 US

FEI Number: 59-3334771 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUTCHINS, BRYAN A ESQ
3974 TAMPA RD
OLDSMAR, FL 34677

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ANDERSON, DAVID M
Address: 7143 SR 54, SUITE 119
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VD ( ) Delete
Name: LOBIANCO, RALPH
Address: 7143 SR 54, SUITE 119
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: SD ( ) Delete
Name: LOBIANCO, FAITH
Address: 7143 SR 54, SUITE 119
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: TD ( ) Delete
Name: FLEEMAN, SEAN C
Address: 7143 SR 54, SUITE 119
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ANDERSON, DAVID M
Address: 6644 ROWAN ROAD
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VD (X) Change ( ) Addition
Name: LOBIANCO, RALPH
Address: 6644 ROWAN ROAD
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: SD (X) Change ( ) Addition
Name: LOBIANCO, FAITH
Address: 6644 ROWAN ROAD
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: TD (X) Change ( ) Addition
Name: FLEEMAN, SEAN C DR
Address: 6644 ROWAN ROAD
City-St-Zip: NEW PORT RICHEY, FL 34653

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: SEAN C FLEEMAN DR 03/25/2004
Electronic Signature of Signing Officer or Director Date