
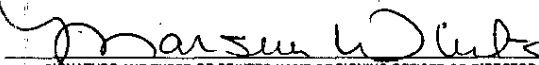


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2004 8:00 am
Secretary of State

06-23-2004 90001 035 ***150.00

DOCUMENT # P95000079812 1. Entity Name AMENITIES PLUS E.P.I. DISTRIBUTORS, INC.					
Principal Place of Business 502 WHISPERING OAK DRIVE TARPON SPRINGS, FL 34689			Mailing Address 502 WHISPERING OAK DRIVE TARPON SPRINGS, FL 34689		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2940058	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WHITE, MARSHA K 502 WHISPERING OAK DRIVE TARPON SPRINGS, FL 34689				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITE, MARSHA K	NAME			
STREET ADDRESS	502 WHISPERING OAK DRIVE	STREET ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		6-1-04 7279347191 Date Daytime Phone			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Attachment
Doc # P9500079812
54058466

AMENITIES PLUS

Box 1172

Palm Harbor, FL 34682

Office Fax
(727) 934-7151 (727) 937-0267
5.14.04

Division of Corporations
P.O. Box 6198
Tallahassee, FL. 32314
To whom it may concern:

Enclosed please find our payment the Annual Report. We have been waiting for the form we receive each year, but have not received one.

Thank you,

Marsha White
Marsha White

FEI # 59-290058

P95-79812

Attachment

54058466



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

Sent

May 24, 2004

AMENITIES PLUS E.P.I. DISTRIBUTORS, INC.
P.O. BOX 1172
PALM HARBOR, FL 34682

SUBJECT: ~~AMENITIES PLUS~~ E.P.I. DISTRIBUTORS, INC.
Ref. Number: P95000079812

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

Please return the corrected documents to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Gary Blankenbaker

Document Specialist

Letter Number: 004A00036303