

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000018444

1. Entity Name
FTN PROMOTIONS, INC.



Principal Place of Business
9641 GULF BLVD
TREASURE ISLAND, FL 33706

Mailing Address
9641 GULF BLVD
TREASURE ISLAND, FL 33706

2. Principal Place of Business
8751 Ulmerton Rd

3. Mailing Address
8751 Ulmerton Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Legal Dept.

City & State
Largo, FL

City & State
Largo, FL

Zip
33771

Country
USA

Zip
33771

Country
USA

03032004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3188192

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOOTH, DONALD L
9641 GULF BLVD
TREASURE ISLAND, FL 33406

Name

Street Address (P.O. Box Number is Not Acceptable)

8751 Ulmerton Rd

City
Largo

FL

Zip Code
33771

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 the applicable

(NOTE: Registered Agent signature required when re-registering)

500030966465
03/24/04 01016 024 ***600.00
DATE

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

TITLE
NAME
PCEO
WOLF, BRYON
STREET ADDRESS
6116 KIPPS COLONY DR W
CITY - ST - ZIP
GULFPORT, FL 33707 ☐ Delete

TITLE
NAME
SEVC
REILLY, DAVID
STREET ADDRESS
1102 2ND AVE SOUTH
CITY - ST - ZIP
TIERRA VERDE, FL 33715 ☒ Delete

TITLE
NAME
EVD
ELIASSON, ROY
STREET ADDRESS
3006 LONGBROOKE WAY
CITY - ST - ZIP
CLEARWATER, FL 33760 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
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CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/04

727-471-0288

Date

Daytime Phone #

FILED

04 MAR 23 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

