## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 17, 2004 8:00 am

	AIIIOAI	¬ Secretary	Secretary of State			
DOCUMENT # P96000022098				02-17-2004 90018 043 ***150.00		
1. Entity Name				02-17-2004 9001	8 043 ***150.00	
A-N-M ENTERPRISES, INC.						
	The second secon	* 1		○   (1)   (1)   (2)   (3)		
Principal Place of Business Mailing Address				1	D.3.46	
9185 ULMERTON RD P.O. BOX 1954				.0.000		
LARGO, FL 33771 US ST PETERSBURG, FL 33731-		33731-1954				
Principal Place of Business     3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		→     -<		
				01072004 Chg-P C	R2E034 (10/03)	
City & State		City & State		4. FEI Number	Applied For	
Zip Country		Zip Country		59-3383462	Not Applicable	
21p	Codinity	2ip	Codring	5. Certificate of Status Desired	38.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Regist	ered Agent	
ENGLAND	NED & EISCHED DA		Name	ame		
ENGLANDER & FISCHER, P.A. 721 FIRST AVENUE NORTH			Street Address	Street Address (P.O. Sox Number is Not Acceptable)		
ST PETERSBURG, FL 33701						
,			0"	· ·		
	· .		City		FL Zip Code	
	named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florida.	I am familiar with, and accept	
i ile obligat	ilons of registered agent.	سعدسا بالأبهائ وخبوس	g mage was a construction			
SIGNATURE.	Signature, typed or printed name of registered agent	and title it applicable (NO)	E: Registered Agent signature requir	rad when rangisting)	DATE	
1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1				1.		
FIL	E NOW!!! FEE IS \$150.00	9. Election Campa	ign Financing. \$! tribution. □ Ac	5.00 May Be		
	ay 1, 2004 Fee will be \$550.	OO Trust Fund Con	tribution. • LL; •• Ac	ided to Fees		
10. 11	. OFFICERS AND	DIRECTORS	11,	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 11	
TITLE	PDST	Delete	TITLE		🔲 Change 🔲 Addilion	
NAME STREET ADDRESS	MORRIS, JOHN D 9185 ULMERTON ROAD	•	NAME Street address		•	
CITY-ST-ZIP	LARGO, FL		CITY-ST-ZIP		Ì	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME .			NAME		<b>, , , , , , , , , , , , , , , , , , ,</b>	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		Delete			Change Addition	
NAME	بالمنتوب المنتوب	Delets	NAME	وي المُحِيدُ بَارِيْنَ اللهِ الله		
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME		Change Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Change Addition	
			NAME			
			STREET ADDRESS . CITY-ST-ZIP	and yet and the second and the secon	e da	
TITLE 1994	The control of the second of the control of the con	Delete			Change Addition	
NAME	parameter on the spinishers and the second	, La Delete «113	NAME			
STREET ADDRESS	The second second		STREET ADDRESS	The second secon	- And the American Control of the Co	
CITY-ST-ZIP -			CITY-ST-ZIP		·· ·	
12. I hereby a indicated	certify that the information supplied with on this report or supplemental report is	n this filing does not qualify fo s true and accurate and that i	r the exemption stated in 5 my signature shall have the	Section 119.07(3)(i), Florida Statutes. I furthe same legal effect as if made under oath;	ner certify that the information 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 16 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR