

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90004 004 \*\*\*150.00

**DOCUMENT # P96000035473**

1. Entity Name  
**EAST 2 WEST, INC.**



Principal Place of Business  
**15325 N MAIN STREET  
JACKSONVILLE, FL 32218**

Mailing Address  
**15325 N MAIN STREET  
JACKSONVILLE, FL 32218**

**54064827**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07212004

Chg-P

CR2E034 (10/03)

4. FEI Number

**59-3382149**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TOMASSETTI, A. JEFFREY  
406 ASH STREET  
FERNANDINA BEACH, FL 32034**

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$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 **VP** ☐ Delete  
NAME **MAXWELL, ANGIE D**  
STREET ADDRESS **4885 MOTOR YACHT DR.**  
CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE **P** ☐ Delete  
NAME **MAXWELL, KEVIN S**  
STREET ADDRESS **4855 MOTOR YACHT DR**  
CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **15325 N. Main St.**  
CITY-ST-ZIP **Jax, FL. 32218**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **15325 N. Main St.**  
CITY-ST-ZIP **Jax, FL. 32218**

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

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

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

TITLE ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/23/04**

Attachment

54064827



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 21, 2004

EAST 2 WEST, INC.  
15325 N MAIN STREET  
JACKSONVILLE, FL 32218

SUBJECT: EAST 2 WEST, INC.  
Ref. Number: P96000035473

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.

**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.

Sean Toner  
Senior Section Administrator

Letter Number: 404A00046088

RECEIVED  
DIVISION OF CORPORATIONS  
P.O. BOX 1500  
TALLAHASSEE, FLORIDA 32302-1500  
JUL 23 2004

Attachment  
Division of Corporations

54064827

## Annual Report

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Document Number

P96000035473

Business Entity Name

EAST 2 WEST, INC.

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

FEI Number

593382149

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

## Principal Place of Business

Address

15325 N MAIN STREET

Suite, Apt. #, etc.

City, State

JACKSONVILLE

FL

Zip Code &amp; Country

32218

## Mailing Address

Address

15325 N MAIN STREET

Suite, Apt. #, etc.

City, State

JACKSONVILLE

FL

Zip Code &amp; Country

32218

## Name And Address of Registered Agent

Name (Last, First, Middle, Title) TOMASSETTI A. JEFFREY

-or- RA Business Name

Address

406 ASH STREET

Suite, Apt. #, etc.

City, State

FERNANDINA BEACH

FL

Zip Code &amp; Country

32034

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a

**Registered Agent Signature**

Reset

## Sunbiz Home Page

## Public Access Help