

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000042709

FILED  
May 03, 2004  
Secretary of State

Entity Name: SOUTH OF THE BORDER INTRODUCTIONS INC.

## Current Principal Place of Business:

14905 SOUTH FORK DR  
TAMPA, FL 33624 US

## New Principal Place of Business:

P.O. BOX 274123  
TAMPA, FL 33688 US

## Current Mailing Address:

PO BOX 274123  
TAMPA, FL 33688 US

## New Mailing Address:

FEI Number: 59-3382303      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAVIS, DAVID L  
14905 SOUTHFORD DRIVE  
TAMPA, FL 33624 US

## Name and Address of New Registered Agent:

DAVIS, DAVID L  
P.O. BOX 274123  
TAMPA, FL 33688 US

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: \_\_\_\_\_

05/03/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DAVIS, DAVID L  
Address: 14905 SOUTHFORD DRIVE  
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Delete  
Name: DAVIS, CHRISTOPHER J  
Address: 6928 DORMANY LP  
City-St-Zip: PLANT CITY, FL 33565

Title: D ( ) Delete  
Name: ARLEDGE, PAULINE A  
Address: 353 OVERLOOK ROAD  
City-St-Zip: SALT LICK, KY 40371

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: DAVIS, DAVID L  
Address: P.O. BOX 274123  
City-St-Zip: TAMPA, FL 33688

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID L DAVIS

D

05/03/2004

Electronic Signature of Signing Officer or Director

Date