

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90695 036 ***150.00

DOCUMENT # P96000050282

1. Entity Name

MAKING THE DIFFERENCE, INC.



Principal Place of Business

**7935 EMPIRE COURT
NEW PORT RICHEY FL 34654**

Mailing Address

**P.O. BOX 1133
PORT RICHEY FL 34673**

2. Principal Place of Business

8911 Wavedge Ct.

3. Mailing Address

P.O. Box 296

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Trinity, FL.

City & State

Elfers, FL.

Zip

34655

Country

Parco

Zip

34680

Country

Parco



MOORE

CR2E034 (11/03)

4. FEI Number

59-3384452

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ACEVEDO, TRUDY
7935 EMPIRE CT.
NEW PORT RICHEY FL 34654**

7. Name and Address of New Registered Agent

Name **Trudy Acevedo**

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

8911 Wavedge Ct.

8911 Wavedge Ct.

City **Trinity**

FL

Zip Code

34655

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 **Trudy Acevedo - President**

4/26/04

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

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ACEVEDO, TRUDY**
STREET ADDRESS **7935 EMPIRE COURT**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: **Trudy Acevedo - President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

Date

727-372-4566

Daytime Phone #