


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT# P96000053452
 1. EntityName
 ANNEE.SZABO,INC.



Principal Place of Business Mailing Address
 611 DRUID ROAD EAST, SUITE 717 611 DRUID ROAD EAST, SUITE 717
 CLEARWATER, FL 34616 CLEARWATER, FL 34616

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03112004 NoChg-P CR2E034(10/03)

4. FEINumber Applied For
 59-3387277 Not Applicable

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

6. Name and Address of Current Registered Agent
 SZABO, ANNEE
 611 DRUID ROAD EAST, SUITE 717
 CLEARWATER, FL 34616

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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 _____ (NOTE: Registered Agent's signature required when installing) 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	D
NAME	SZABO, ANNEE
STREET ADDRESS	611 DRUID ROAD EAST, SUITE 717
CITY - ST - ZIP	CLEARWATER, FL 34616
TITLE	D
NAME	SZABO, BRUCE M
STREET ADDRESS	611 DRUID ROAD EAST, SUITE 717
CITY - ST - ZIP	CLEARWATER, FL 34616
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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 SIGNER IN OFFICER OR DIRECTOR Date Daytime Phone #