


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000058320 1. Entity Name A-PLUS TROPHIES & AWARDS, INC.	
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Principal Place of Business 6900 U.S. HWY 19, N PINELLAS PARK, FL 33781	Mailing Address 6900 U.S. HWY 19, N PINELLAS PARK, FL 33781
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DO NOT WRITE IN THIS SPACE



03072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3388476	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHAARSCHMIDT, JOANNE 9170 42ND ST NORTH PINELLAS PARK, FL 33782	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000091300 03/18/04-80003-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHAARSCHMIDT, JOANNE 9170 42ND STREET NORTH PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHAARSCHMIDT, RICHARD B 9170 42ND STREET NORTH PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DAUBER, JAYE E P O BOX 66411 N/A ST PETERSBURG, FL 33736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Jaye Dauber</u> JAYE DAUBER, Secy/Treas 03/12/2004	Date	Daytime Phone #
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