
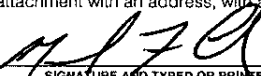


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90042 017 \*\*\*150.00

<b>DOCUMENT # P96000061507</b> 1. Entity Name <b>THREE QUARTER INC.</b>					
Principal Place of Business <b>911 JAKL AVE SARASOTA, FL 34232 US</b>			Mailing Address <b>P.O. BOX 50006 SARASOTA, FL 34232</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CARLO, MICHAEL F</b> <b>12202 LOBELIA TERRACE</b> <b>SARASOTA, FL 34240</b>				Name <b>CARLO, MICHAEL F.</b> Street Address (P.O. Box Number is Not Acceptable) <b>12202 LOBELIA TERR.</b> City <b>BRADENTON</b> <b>FL</b> Zip Code <b>34202</b>	
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 signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PS <input type="checkbox"/> Delete		TITLE	PS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARLO, MICHAEL F		NAME	CARLO, MICHAEL F.	
STREET ADDRESS	12202 LOBELIA TERRACE		STREET ADDRESS	12202 LOBELIA TERR.	
CITY-ST-ZIP	SARASOTA, FL 34290		CITY-ST-ZIP	BRADENTON, FL 34202	
TITLE	VT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOERCHEN, TODD		NAME		
STREET ADDRESS	908 HARBOR BAY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			MICHAEL F. CARLO		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 02/18/2004 Daytime Phone # 941-379-0272		