2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 16, 2004 08:00 AM Secretary of State DOCUMENT # P96000070477 MEMTIDE PARTNERS, INC. Principal Place of Business Mailing Address 546 MARY ESTHER BLVD. 546 MARY ESTHER BLVD. FORT WALTON BEACH, FL 33548 FORT WALTON BEACH, FL 33548 CR2E034 (10/03) 02132004 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 62-1656013 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LAUNCH, ROBERT DO NOT WRITE C/O RESORT QUEST 546 MARY ESTHER BLVD. IN THIS SPACE FORT WALTON BEACH, FL 32548 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS IIILE U00000054530 02/16/04-80175-008 150.00 NAME LAUNCH, ROBERT M STREET ADDRESS 546 MARY ESTHER BLVD. FORT WALTON BEACH, FL 32548 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-7IP

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 SIGNING OFFICER OR DIRECTOR

250-301-3451