

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000096126

FILED
Jan 15, 2004
Secretary of State

Entity Name: OFFICE RELIEF MAINGATE, INC.

Current Principal Place of Business:

3020 MAINGATE LN
KISSIMMEE, FL 32747 US

New Principal Place of Business:

Current Mailing Address:

800 N MAGNOLIA AVE, SUITE 209
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-3413031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARSEN, RICHARD
800 N MAGNOLIA AVE, SUITE 209
ORLANDO, FL 32803

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LARSEN, RICHARD
Address: 800 N MAGNOLIA AVE, SUITE 209
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: BUFFALO, BRYAN
Address: 800 N MAGNOLIA AVE, SUITE 209
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: WAGNER, RICHARD
Address: 800 N MAGNOLIA AVE, SUITE 209
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: LARSEN, BARBARA
Address: 800 NORTH MAGNOLIA AVE
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD LARSEN

D

01/15/2004

Electronic Signature of Signing Officer or Director

Date