2004 FOR PROFIT CORPORATION

ANNUAL REPORT				Secretary of State		
	MENT # P970000025]	Secreta	ary of State	
1. Entity Name PALM HARBOR BUSINESS & STORAGE CENTER, INC.						
Principal Plac	ce of Business	Mailing Address	-	1		
973 VIRGIN		29805 U.S. HYW 19 N. #130				
PALM HARB	30R, FL 34683	CLEARWATER, FL 33761				
ry versus popiers						
			04192004	No Chg-P	CR2E034 (10/03)	
. .	O NOT WRITE	IN THIS SPA	Ĉ F			
i i i i i i i i i i i i				4. FEI Number 59-342		Applied For Not Applicable
					of Status Desired	\$8.75 Additional
			P	p. Ceruncate	OI SIERES DESIRED	Fee Required
	6. Name and Address of Current Re	Granated Wilself			a (zaštie storebro) na jogi začistiški škiški i	
PEASE, THOMAS E				กก	NOT WE	21 7 F
29805 U.S. HWY 19 N., #130 CLEARWATER, FL 33761				[[[[]] [] [] [] [] [] [] []	* ************************************	
				IN I	THIS SPA	4CE
					ki maki	
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 obliga	tions of registered agent.					
SIGNATURE.	Signature, typed or printed name of registered agent and	trie é anatrophia (NATE Genisteur	d Anest a neeting someon	thatrandman	<u> </u>	CATE
	advance disease head there are compact they are	No a apparame. (No) c. registere	d Agent agnature required	2 Mutter Legistra 1835	100000	CALCOC
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				.00 May Be led to Fees	04/22/04-6	24386 10043-014 150.00
10.	OFFICERS AND DI	RECTORS		halo adalah dari		
TITLE NAME	DPS PEASE, THOMAS E				Februari i	
STREET ADDRESS	3025 ARBOR OAKS DR.		n Harit	Timbour	katatori,	
CITY-51-ZIP	TARPON SPRINGS, FL 34689					
TITLE						
NAME STREET ADDRESS				lomur:		Erakimaa siidhaa
CATY-SX-ZIP					Maluliu	hali da
TITLE		<u> </u>		11.11		
NAME STREET ADDRESS						Imite Hillian
CRY-ST-ZIP				DO	NOT WE	RITE
RILE		<u> </u>			THIS SPA	
NAME					erijo opi	
STREET ADDRESS CITY-ST-ZIP				Mark		
TITLE			zidam (***)			unganga, ang ratio saturita gu pagalang da 1997 - Paris Santa
NAME				#UH:31	Taraha d	
STREET ADDRESS				Hallia.		

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:

TITLE NAME STREET ADDRESS

MICHAEL CORES TEPEN

RECHARDING AND TYPED OF PRINTED HAME OF SIGNAND OFFICER OR DIRECTOR

TEPEASE

727-785-146 0