

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90065 033 \*\*\*150.00

**DOCUMENT # P97000017420**

1. Entity Name  
**CONFERENCES AND INCENTIVES PLUS, INC.**



Principal Place of Business Mailing Address  
**P.O. BOX 452 INDIAN ROCKS BEACH, FL 33785 US**

**24026160**



2. Principal Place of Business 3. Mailing Address  
**907 HART ST P.O. BOX 452**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

02172004 Chg-P CR2E034 (10/03)

City & State City & State  
**CLEARWATER FL INDIAN ROCKS BEACH FL**  
 Zip Country Zip Country  
**33755 33785**

4. FEI Number Applied For  
**59-3436961** Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KOZLOWSKI, ALEXANDER**  
**627 GARLAND CIRCLE**  
**INDIAN ROCKS BEACH, FL 33785**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**907 HART ST**  
 City **CLEARWATER FL** Zip Code **33755**

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 **Alexander Kozlowski** **3-10-04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <input type="checkbox"/> Delete <b>KOZLOWSKI, ALEXANDER</b> <b>627 GARLAND CIRCLE</b> <b>INDIAN ROCKS BEACH, FL 33785</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input type="checkbox"/> Delete <b>SCHIBER, SUSAN</b> <b>627 GARLAND CIRCLE</b> <b>INDIAN ROCKS BEACH, FL 33785</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>907 HART ST</b> <b>CLEARWATER, FL 33755</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>907 HART ST</b> <b>CLEARWATER, FL 33755</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SUSAN SCHIBER** **3-10-04** **727-593-9611**  
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #