

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000020412

FILED
Jan 05, 2004
Secretary of State

Entity Name: MACE-KINGSLEY CLEARWATER, INC.

Current Principal Place of Business:

1524 SMALLWOOD CIRCLE
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

1524 SMALLWOOD CIRCLE
CLEARWATER, FL 33755

New Mailing Address:

FEI Number: 59-3449411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KINGSLEY, CAROL
1524 SMALLWOOD CIRCLE
CLEARWATER, FL 33755

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: P () Delete
Name: KINGSLEY, CAROL
Address: 1524 SMALLWOOD CIRCLE
City-St-Zip: CLEARWATER, FL 33755

Title: V () Delete
Name: SMITH, GREG
Address: 1524 SMALLWOOD CIRCLE
City-St-Zip: CLEARWATER, FL 33755

Title: T () Delete
Name: CRAMB, BETSY
Address: 1524 SMALLWOOD CIRCLE
City-St-Zip: CLEARWATER, FL 33755

Title: S () Delete
Name: JOHONNESSON, LISA
Address: 1524 SMALLWOOD CIRCLE
City-St-Zip: CLEARWATER, FL 33755

Title: C () Delete
Name: AVRIN, JEFF
Address: 1524 SMALLWOOD CIRCLE
City-St-Zip: CLEARWATER, FL 33755

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: D () Change (X) Addition
Name: CALKINS, DAVID
Address: 1524 SMALLWOOD CIRCLE
City-St-Zip: CLEARWATER, FL 33755

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: CAROL KINGSLEY

P

01/05/2004

Electronic Signature of Signing Officer or Director

Date