2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000027711

SIGNATURE: 1

FILED Apr 29, 2004 08:00 AM Secretary of State

1. Entity Nam SIDNEY I	ENTERPRISES, INC.				
Principal Place of Business 818 90TH AVENUE NORTH ST PETERSBURG, FL 33702 Mailing Address 818 90TH AVENUE NORTH ST PETERSBURG, FL 33702 ST PETERSBURG, FL 33702			***************************************		
				03222004 No Chg-P CR2E03	34 (10/03)
DO NOT WRITE IN THIS SPACE			GE	4. FEI Number 59-3439780	Applied For Not Applicable
,	5. Name and Address of Current Re	reintered Ament		b. Certificate of otation Desired 1	8.75 Additional ee Required
SIDNEY, ALLAN 818 90TH AVENUE NORTH ST PETERSBURG, FL 33702			DO NOT WRITE IN THIS SPACE		
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: Registers)	d Agent signature required	when reinstaing) DATE.	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10.	OFFICERS AND DI	RECTORS	www	er en	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIDNEY, ALLAN 818 90TH AVENUE NORTH ST PETERSBURG, FL 33702		a ababi ni aliferiar nuaser		kuntuu ja 1900 taan on 1900. Liid alka kuntuu on ja
TITLE NAME STREET ADDRESS CITY-ST-ZIP			No. 1 Carro	1.74/29/04-80174-0	018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZP				IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				ras - Hinniggs magazis magazis - magazis - m	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>			
12. I hereby of indicated of the cor changed,	certify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee empow, or on an attachment with an address, with	is filling does not qualify for the exer se and accurate and that my signal ered to execute this report as requil half other like empt wered.	mption stated in Sec ture shall have the s red by Chapter 607	ction 119.07(3)(i), Florida Statutes, I further certi ame legal effect as if made under oath; that I ar , Florida Statutes; and that my name appears in	ify that the information in an officer or director Block 10 or Block 11 if

ER OR DIRECTOR