


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90055 050 ***158.75

DOCUMENT # P97000043709					
1. Entity Name EASY RUNNING, INC.					
Principal Place of Business 31326 SR 44 EUSTIS FL 32736 US			Mailing Address 34825 MARSHALL ROAD EUSTIS FL 32736		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3502363	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TERRY, SQUILLANTE 34825 MARSHALL ROAD EUSTIS FL 32736			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PTDC	NAME SQUILLANTE, TERRY A	<input checked="" type="checkbox"/> Delete	TITLE PVPTDC	NAME TERRY SQUILLANTE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 34825 MARSHALL RD			STREET ADDRESS 34825 Marshall Rd		
CITY-ST-ZIP EUSTIS FL 32736			CITY-ST-ZIP EUSTIS FL 32736		
TITLE VSD	NAME SQUILLANTE, VALERIE J	<input checked="" type="checkbox"/> Delete	TITLE SD	NAME Valerie J. Squillante	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 34825 MARSHALL RD.			STREET ADDRESS 34825 Marshall Road		
CITY-ST-ZIP EUSTIS FL 32736			CITY-ST-ZIP EUSTIS FL 32736		
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
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: <i>Terry Squillante</i>			TERRY SQUILLANTE		
PRESIDENT			4-6-04 352-589-8848		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		