


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000052846	
1. Entity Name ANUM, INC.	

Principal Place of Business 7 OLD KING ROAD NORTH SUITE 10 PALM COAST, FL 32137	Mailing Address 7 OLD KING ROAD NORTH SUITE 10 PALM COAST, FL 32137
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**DO NOT WRITE IN THIS SPACE**



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3527853	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  NAZ, OMER A DR 7 OLD KING ROAD NORTH SUITE 10 PALM COAST, FL 32137	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000161286 05/24/04-80002-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NAZ, OMER A DR 4 CHADWICK COURT PALM COAST, FL 33137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE IN THIS SPACE**

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: <u>Mer A Naz</u>	\$128/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #