

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P97000075500

1. Entity Name  
FORMAL # 1, INC.



**FILED  
Apr 28, 2004 8:00 am  
Secretary of State**

04-28-2004 90177 002 \*\*\*150.00

Principal Place of Business  
690 S STATE RD 7  
MARGATE, FL 33068 US

Mailing Address  
690 S. STATE LD 7  
MARGATE, FL 33068

94069399

**DO NOT WRITE IN THIS SPACE**

04202004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0777638</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

NILSSON, JAMES L  
690 S STATE RD 7  
MARGATE, FL 33068

**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: 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 D  
NAME NILSSON, JAMES L  
STREET ADDRESS 690 S STATE RD 7  
CITY-ST-ZIP MARGATE, FL 33068

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
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: *James L. Nilsson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-04 954-968-4007

Date

Daytime Phone #