

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90251 033 ***150.00

DOCUMENT # P97000085212

1. Entity Name
BEYOND MESSAGE, INC.



Principal Place of Business Mailing Address

**4605 4TH STREET N.
 ST PETERSBURG FL 33703** **4605 4TH STREET N.
 ST PETERSBURG FL 33703**

04050718



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address

100 1ST AVENUE S. **100 1ST AVENUE S.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

PMB # 2078 **PMB # 2078**

City & State City & State

ST. PETERSBURG, FL **ST. PETERSBURG, FL**

Zip Country Zip Country

33701 **USA** **33701** **USA**

4. FEI Number Applied For

59-3471664 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COYLE, VALINDA C
 470 3RD ST. S
 #606
 SAINT PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name: **SAME**

Street Address (P.O. Box Number is Not Acceptable):
100 4TH AVE S # 308

City: **ST. PETERSBURG** State: **FL** Zip Code: **33701**

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) 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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

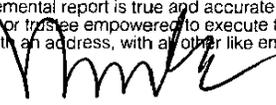
10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	COYLE, VALINDA	
STREET ADDRESS	100 4TH AVE S 308	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CASSARAS, EVANGELINE	
STREET ADDRESS	100 4TH AVE S 308	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.

SIGNATURE:  **4/15/04** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #