


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90084 016 ***150.00

DOCUMENT # P97000085655 1. Entity Name CUSTOMER COMES FIRST, INC.																																																																																																																																																											
Principal Place of Business 13906 LYNMAR BLVD. TAMPA FL 33626			Mailing Address 13906 LYNMAR BLVD. TAMPA FL 33626																																																																																																																																																								
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Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																									
City & State		City & State		4. FEI Number 59-3473909																																																																																																																																																							
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																							
6. Name and Address of Current Registered Agent BATCHMAN, ROSS O 13906 LYNMAR BLVD TAMPA FL 33626				7. Name and Address of New Registered Agent Name Hannon, Tom Street Address (P.O. Box Number is Not Acceptable) 13906 LYNMAR BLVD City Tampa FL 33626																																																																																																																																																							
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 <u>Thomas J. Hannon</u> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 45%; padding: 2px;">D BATCHMAN, ROSS O</td> <td style="width: 40%; padding: 2px;"><input checked="" type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 45%; padding: 2px;"></td> <td style="width: 40%; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">BATCHMAN, ROSS O</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">13906 LYNMAR BLVD.</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">TAMPA FL 33626</td> <td></td> <td style="padding: 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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>Thomas J. Hannon</u> <u>Thomas J. Hannon</u> <u>1/22/04</u> <u>813-891-1060</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																											