


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000088772**

1. Entity Name  
**SRQ ENTERPRISES, INC.**



Principal Place of Business  
**2700 S TAMiami TRAIL  
 SUITE 2  
 SARASOTA, FL 34239**

Mailing Address  
**POST OFFICE BOX 15154  
 SARASOTA, FL 34277-5154**



04202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0793231**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WALD, SHELDON G.  
 2700 S TAMiami TRAIL  
 STE #2  
 SARASOTA, FL 34239**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY - ST - ZIP	PSTD WIENER, STANLEY M MD 2700 S TAMiami TRAIL, STE 2 SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WALD, SHELDON G 2700 S TAMiami TRAIL, STE 2 SARASOTA, FL 34239
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**DO NOT WRITE IN THIS SPACE**

U00000137801  
 04/29/04-80054-015 150.00

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: Sheldon G. Wald Date: 4/26/04

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