


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90025 046 ***158.75

DOCUMENT # P97000096904 1. Entity Name MRIK GROUP, INC.					
Principal Place of Business 4508 OAK FAIR BLVD SUITE 270 TAMPA, FL 33610			Mailing Address 4508 OAK FAIR BLVD SUITE 270 TAMPA, FL 33610		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 65-0792861			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			02242004 Chg-P CR2E034 (10/03)		
6. Name and Address of Current Registered Agent NAPIER, KEITH H 3033 WISTER CIRCLE VALRICO, FL 33594				7. Name and Address of New Registered Agent Name CALNAN, DENNIS J. Street Address (P.O. Box Number is Not Acceptable) 4508 OAK FAIR BLVD. SUITE 270 City TAMPA FL Zip Code 33610	
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 <i>Dennis J. Calnan</i> DENNIS J. CALNAN, CONTROLLER 3-18-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT BROWN, TOM 8502 E CHAPMAN AVE STE 318 ORANGE, CA 92869		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, LARRY 3901 HALLOAK CT V VALRICO, FL 33594		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMPSON, CLARISSA 2204 MARGARET ELAINE AVE. SEFFNER, FL 33584		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition THOMPSON, CLARISSA 7763 NOTTINGHAM SKY DR. APOLLO BEACH, FL 33752	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 fee empowered.					
SIGNATURE: <i>Clare Jones</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			03-18-04 (813) 740-9363 <small>Date Daytime Phone #</small>		