

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90055 016 \*\*\*150.00

**DOCUMENT # P97000099859**

1. Entity Name  
**ALL CARDS 2/\$1, INC.**



Principal Place of Business Mailing Address  
**105 4TH STREET 105 4TH STREET**  
**BELLEAIR BEACH, FL 33786 BELLEAIR BEACH, FL 33786**  
**724 RUSTIC OAKS DR. 724 RUSTIC OAKS DR**  
**PALM HARBOR, FL 34684 PALM HARBOR, FL 34684**

2. Principal Place of Business 3. Mailing Address  
**724 Rustic Oaks Dr 724 Rustic Oaks Dr.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**PALM HARBOR FL PALM HARBOR FL**  
Zip Country Zip Country  
**34684 USA 34684 USA**

01122004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3479737 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**DWYER, LAWRENCE A SR.**  
**105 4TH STREET 724 RUSTIC OAKS DR.**  
**BELLEAIR BEACH, FL 33786**  
**PALM HARBOR, FL 34684**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 **LAWRENCE A. DWYER, SR.** 1/12/04  
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 ☐ Delete  
NAME **D**  
STREET ADDRESS **DWYER, LAWRENCE A SR.**  
CITY-ST-ZIP **105 4TH STREET 724 RUSTIC OAKS DR**  
**BELLEAIR BEACH, FL 33786 PALM HARBOR FL**  
**34684**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE: **LAWRENCE A. DWYER, SR.** 1/12/04 727-410-4355  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #