

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000002894

1. Entity Name
1038 NOVEMBER, INC.



Principal Place of Business
1400 EASTON DR
LAKELAND, FL 33803

Mailing Address
1400 EASTON DR
LAKELAND, FL 33803



02132004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3489308

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RICHARDS, H M
165 MORNINGSIDE DRIVE
LAKELAND, FL 33803

**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 Harley M. Richards 4-6-04
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

000000109581
04/12/04-80049-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RICHARDS, HARLEY M
STREET ADDRESS	1400 EASTON DR
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	STD
NAME	RICHARDS, H M
STREET ADDRESS	1400 EASTON DR
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	VP
NAME	MISCH, DAVID
STREET ADDRESS	5075 BOY SCOUT RANCH RD
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Harley M. Richards 4/6/04 843-682-8002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #