

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90434 015 ***150.00

DOCUMENT # P98000014186

1. Entity Name
STOCK OPTIONS, INC.



Principal Place of Business

4100 N.E. 2ND AVE.
SUITE 206
MIAMI, FL 33137

Mailing Address

4100 N.E. 2ND AVE.
SUITE 206
MIAMI, FL 33137

94064595



2. Principal Place of Business

316 NE Fourth St
Suite, Apt. #, etc.

3. Mailing Address

316 NE Fourth St
Suite, Apt. #, etc.

04202004

Chg-P

CR2E034 (10/03)

City & State

FT LAUDERDALE, FL

City & State

FT LAUDERDALE, FL

4. FEI Number

65-0817376

Applied For

Not Applicable

Zip

33301

Country

USA

Zip

33301

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TURNER, LAWRENCE O JR
4100 N.E. 2ND AVE. SUITE 206
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

316 NE Fourth St

City

FT LAUDERDALE

FL

Zip Code

33301

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 O. Turner, Jr.

(NOTE: Registered Agent signature required when reinstating)

4/22/04

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
TURNER, LAWRENCE O JR
STREET ADDRESS
4100 N.E. 2ND AVE. SUITE 206
CITY-ST-ZIP
MIAMI, FL 33137

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME
316 NE Fourth St
STREET ADDRESS
FT. LAUDERDALE, FL 33301
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Delete

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 O. Turner, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04

DATE

954 722 9577

Daytime Phone #