

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

1/29/04 90106 021 \*150.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUL 26-AM 8:00



01172004 Chg-P CR2E034 (10/03) MRD

<b>DOCUMENT # P98000022917</b> 1. Entity Name <b>SMALL FEAT, INC.</b>					
Principal Place of Business <b>5327 W ATLANTIC BLVD MARGATE, FL 33063</b>			Mailing Address <b>5327 W ATLANTIC BLVD MARGATE, FL 33063</b>		
2. Principal Place of Business <b>5281 SW 188 Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>5281 SW 188 Ave</b> Suite, Apt. #, etc.		4. FEI Number <b>65-0836205</b> Applied For <input type="checkbox"/> Not Applicable	
City & State <b>SW Ranches, FL</b>		City & State <b>SW Ranches, FL</b>			
Zip <b>33332</b>		Zip <b>33332</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>STINSON, NANCY 5281 SW 188 AVE. FT. LAUDERDALE, FL 33332</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STINSON, NANCY</b> <b>5281 SW 188 AVE.</b> <b>FT. LAUDERDALE, FL 33332</b> <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	<b>D</b> <b>KEOUGH, BARBARA</b> <b>18354 44TH PLACE NORTH</b> <b>LOXAHATCHEE, FL 33470</b> <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	
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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 authority like empowered.					
<b>SIGNATURE:</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____				Daytime Phone # _____	