

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000024390

Entity Name: E-FORM, INC.

FILED
Jan 07, 2004
Secretary of State

Current Principal Place of Business:

3370 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

3370 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-3499987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORTIMER, GERALD T
2385 MERRIGAN PLACE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

MORTIMER, GERALD T
3483 SEDONA LOOP
TALLAHASSEE, FL 32308 US

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.

SIGNATURE:

01/07/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: MORTIMER, GERALD
Address: 3483 SEDONA LOOP
City-St-Zip: TALLAHASSEE, FL 32308

Title: DS () Delete
Name: MORTIMER, MATTHEW
Address: 1119 CRESTVIEW AVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: MORTIMER, MARCIE
Address: 1540 VALLEY ROAD
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: MORTIMER, NICOLE
Address: 1419 DUVAL STREET
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: FITZGERALD, MICHAEL
Address: 244 SYCAMORE STREET
City-St-Zip: MANCHUTU, NH

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD MORTIMER

PT

01/07/2004

Electronic Signature of Signing Officer or Director

Date