## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 26, 2004 8:00 am Secretary of State DOCUMENT # P98000029527 1. Entity Name 04-26-2004 90470 002 \*\*\*150.00 SLOBODA ENTERPRISES INC Principal Place of Business Mailing Address 6610 CHESNUT CIR 6610 CHESNUT CIR NAPLES, FL 34109 NAPLES, FL 34109 CR2E034 (10/03) 04232004 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3505285 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent GAWRON, MARY DO NOT WRITE 19321 C US HWY 19 N STE 601 CLEARWATER, FL 33764 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITI F SLOBODA, FRANTISEK ---NAME 6610 CHESTNUT CIR STREET ADDRESS NAPLES, FL 34109 CTTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME. STREET ADDRESS 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 addre vith all other SIGNATURE: 2

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SLOBODA

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