2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90783 010 ***150.00

DOCUMENT # P98000050584

1. Entity Name
EURODIRECT, INC.

Principal Place of Business
9269 PARK BLVD NORTH
SEMINOLE, FL 33777

Mailing Address
9269 PARK BLVD NORTH
SEMINOLE, FL 33777

04082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
6473 102nd Ave. N.	6473 102nd Ave. N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pinellas Park, Fl.	City & State: Pinellas Park, Fl.
Zip: 33782 Country: USA	Zip: 33782 Country: USA

4. FEI Number 59-3516276 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GROSS, ALAN M
ONE PROGRESS PLAZA, SUITE 1210
BARNETT TOWER
ST PETERSBURG, FL 33701

7. Name and Address of New Registered Agent

Name

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

City FL 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 ____________________
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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DSVP SCHAFFER, PHYLLIS 9269 PARK BLVD. SEMINOLE, FL 33777	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST SCHAFFER, ROGER 9269 PARK BLVD NORTH SEMINOLE, FL 33777	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Roger Schaffer 4/30/04 727-397-9661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #