


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90025 044 ***550.00

DOCUMENT # P98000057674
 1. Entity Name
SPANISH RIVER DIABETIC SUPPLY, INC.



Principal Place of Business
**11360 FORTUNE CIRCLE
 BLDG E 1
 WELLINGTON FL 33414
 US**

Mailing Address
**11886 OSPREY PT CIRCLE
 WELLINGTON FL 33467
 US**

2. Principal Place of Business
11360 Fortune Circle
 Suite, Apt. #, etc.
Blq E1

3. Mailing Address
4215 Quill Circle
 Suite, Apt. #, etc.

City & State
Wellington, FL

City & State
Lake Worth FL

Zip
33414 Country
US

Zip
33467 Country
US

4. FEI Number
65-0846912

Applied For
 Not Applicable

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



MOORE CR2E034 (4/04)

6. Name and Address of Current Registered Agent
**MANTIA, ANNETTE C
 11886 OSPREY PT CIRCLE
 WELLINGTON FL 33467**

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 \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MANTIA, ANNETTE C 11886 OSPREY POINT CIRCLE WELLINGTON FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Annette C MANTIA 4215 Quill Circle Lake Worth, FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> 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 all other like empowered.

SIGNATURE: Annette C Mantia **ANNETTE MANTIA** 8/19/04 561-792-8816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #