


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90013 050 ***150.00

DOCUMENT # P98000063285

1. Entity Name
4X4'S & MORE, INC.



Principal Place of Business
6376 GREENLAND ROAD
SUITE 1
JACKSONVILLE, FL 32258

Mailing Address
~~1479 LEE RD~~ **6376 Greenland Road, Suite 1**
JACKSONVILLE, FL 32258
32258



01142004 No Chg-P CR2E034 (10/03)

04066101

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3522232

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CATANZARO, DONALD R
6376 GREENLAND ROAD
JACKSONVILLE, FL 32258

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CATANZARO, DONALD 6376 GREENLAND ROAD, SUITE 1 JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CATANZARO, ALISA 1479 LEE RD 6376 Greenland Road SWITZERLAND, FL 32259 Suite 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jacksonville, FL 32258
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Alisa Catanzaro 3/22/04 904 281 1033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #