

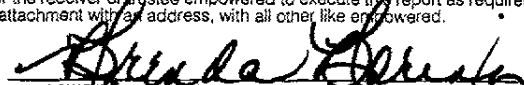


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000066074			
1. Entity Name EVENTS PLUS ETCETERA, INC.			
Principal Place of Business 3275 TWISTED OAKS LANE JACKSONVILLE, FL 32223	Mailing Address 3275 TWISTED OAKS LANE JACKSONVILLE, FL 32223		
DO NOT WRITE IN THIS SPACE			
		03162004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3534043	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BORING, BRENDA M 3275 TWISTED OAKS LANE JACKSONVILLE, FL 32223		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and due if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		00000099213 03/30/04-80004-004 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BORING, BRENDA M 3275 TWISTED OAKS LANE JACKSONVILLE, FL 32223		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BORING, RUSSELL W 3275 TWISTED OAKS LANE JACKSONVILLE, FL 32223		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  BRENDA BORING		3/26/04 904-551-5800 Daytime Phone #	