

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-01-2004 90010 023 ***158.75
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OFFICE OF THE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

DOCUMENT # P98000066418 1. Entity Name FLORIDA STATE TRUST CORPORATION					
Principal Place of Business 2305 PALM DRIVE OVIEDO FL 32765			Mailing Address 2305 PALM DRIVE OVIEDO FL 32765		
2. Principal Place of Business <i>P.O. Box 298</i> Suite, Apt. #, etc.		3. Mailing Address <i>P.O. Box 298</i> Suite, Apt. #, etc.			
City & State <i>Umatilla, Florida</i> Zip <i>32784</i>		City & State <i>Umatilla, Florida</i> Zip <i>32784</i>		Country <i>U.S.A.</i>	
4. FEI Number NO-T APPLICABLE			Applied For <input checked="" type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			6. Name and Address of Current Registered Agent FLORIDA & OFFSHORE BUSINESS FORMATION, INC. 20 S. BROAD STREET BROOKSVILLE FL 34601		
7. Name and Address of New Registered Agent Name DAVID JECKOVICH Street Address (P.O. Box Number is Not Acceptable) 940 N. Central Ave City OVIEDO			State FL Zip Code 32765		
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 <i>David Jeckovich</i> DAVID JECKOVICH 3-28-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PVTs JECKOVICH, DAVID 2305 PALM DRIVE OVIEDO FL 32765		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTs JECKOVICH DAVID P.O. Box 298 Umatilla, Florida 32784	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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: <i>David Jeckovich</i> DAVID JECKOVICH			Date 3-28-04		