

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90183 050 \*\*\*150.00

**DOCUMENT # P98000068058**

1. Entity Name

CORPORATE START UP, INC.



Principal Place of Business

5005 DORMAN RD.  
LAKELAND FL 33813-2574

Mailing Address

518 GRAND CAYMAN CIRCLE  
LAKELAND FL 33813  
US

2. Principal Place of Business

518 Grand Cayman Circle

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Lakeland FL

Zip

33803

Country

USA

Zip

33803

Country

USA

4. FEI Number

59-3527035

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

BAILEY, DIANE B  
5005 DORMAN RD.  
LAKELAND FL 33813-2574

7. Name and Address of New Registered Agent

Name

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

518 Grand Cayman Circle

City

Lakeland

FL

Zip Code

33803

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

Diane B. Bailey Diane B. Bailey

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-19-04

DATE

**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.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BAILEY, DIANE B	
STREET ADDRESS	5005 DORMAN RD.	
CITY-ST-ZIP	LAKELAND FL 33813-2574	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAILEY, DOUGLAS V	
STREET ADDRESS	5005 DORMAN RD.	
CITY-ST-ZIP	LAKELAND FL 33813-2574	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	518 Grand Cayman Circle	
CITY-ST-ZIP	Lakeland, FL 33803	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	518 Grand Cayman Circle	
CITY-ST-ZIP	Lakeland, FL 33803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Diane B. Bailey Diane B. Bailey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-04

Date

863-646-0821

Daytime Phone #