

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 17, 2004 8:00 am
Secretary of State

09-17-2004 90004 036 ***158.75

24085515



08192004 Chg-P CR2E034 (10/03)

4. FEI Number **59-3534261** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FRIEND, KEN JR.
3090 TOHOPEKALIGIA DRIVE
SAINT CLOUD, FL 34772

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
220 E. Monument Ave - Ste B
City **Kissimmee, Florida** FL Zip Code **34741**

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]* DATE **9-13-2004**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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 | PCD FRIEND JR, KENNETH L 1931 PEACHTREE BLVD ST CLOUD, FL 34769 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *[Signature]* DATE **9-13-2004** 407-383-3830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RESIDENTIAL
COMMERCIAL
INDUSTRIAL

Attachment
**STORM
BUSTERS, Inc.**

407-847-3705 • Fax 407-932-3972

24085515
#P98000080487

9-19-2004

Divisions of Corporations,

Sorry for this letter, but lost computers
over storms,

I never received notice before the
one in August for Renewal. I went on
the Internet at that time but
couldn't get through. I would like to
see the \$400⁰⁰ waived. I would of paid
if I received the Renewal.

Thanks
Len Luehr
President

