

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000015514

FILED
Apr 15, 2004
Secretary of State

Entity Name: INVINCIBLE FRANCHISING CORP.

Current Principal Place of Business:

10931 75TH ST.
LARGO, FL 33777

New Principal Place of Business:

Current Mailing Address:

10931 75TH ST.
LARGO, FL 33777

New Mailing Address:

FEI Number: 59-3626924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENGLANDER, LEONARD S
721 1ST AVE NORTH
ST PETERSBURG, FL 33701

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: FIELD, STEVEN
Address: 929 ACHORAGE RD
City-St-Zip: TAMPA, FL 33602

Title: CP () Delete
Name: STOVER, BRAIN
Address: 12366 OAKS LANE
City-St-Zip: SEMINOLE, FL 34642

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: FIELD, STEVEN M
Address: 929 ACHORAGE RD
City-St-Zip: TAMPA, FL 33602

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN M FIELD

CP

04/15/2004

Electronic Signature of Signing Officer or Director

_____ Date