


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000028476</b> 1. Entity Name FIVE ACES CORP.	
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Principal Place of Business C/O WILLIAM K. THOMAS, JR. 1901 W CASS ST TAMPA, FL 33606	Mailing Address C/O WILLIAM K. THOMAS, JR. 1901 W CASS ST TAMPA, FL 33606
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<b>DO NOT WRITE IN THIS SPACE</b>
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01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3566842	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  THOMAS, WILLIAM K JR. 1901 W. CASS ST. TAMPA, FL 33606
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERIG, RUSSELL 4104 HELENE PL VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, CURTIS 2819 RANCH RD DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, WILLIAM JR. 1901 W. CASS ST TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBB, LLOYD 11518 RIVER COUNTRY DR. RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000019205  
01/29/04-80016-009 150.00

**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:  1/7/04 813-254-8762  
\_\_\_\_\_  
Signature and typed or printed name of signing officer or director Date Daytime Phone #