


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90033 010 ***158.75

DOCUMENT # P99000033250

1. Entity Name
FORESIGHT TECHNOLOGIES INC.



Principal Place of Business Mailing Address

695 CENTRAL AVE **P.O. BOX 27412**
~~SUITE 150~~ **TAMPA FL 33623**
SAINT PETERSBURG FL 33701

2. Principal Place of Business 3. Mailing Address

695 CENTRAL AVE **SAME**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

St. Petersburg **FL**

Zip Country Zip Country

33701 **FLORIDA** **33701** **FLORIDA**



MOORE CR2E034 (11/03)

4. FEI Number Applied For

59-3570079 Not Applicable

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

6. Name and Address of Current Registered Agent

SELLER, PETER
695 CENTRAL AVE.
~~SUITE 150 X~~
SAINT PETERSBURG FL 33701

7. Name and Address of New Registered Agent

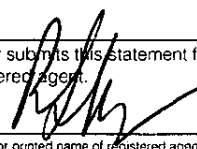
Name

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

City State Zip Code

SAINT Petersburg **FL** **33701**

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:  **PETER SELLER, PRESIDENT & CEO** **2/4/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

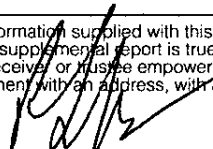
10. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	SELLER, PETER	
STREET ADDRESS	695 CENTRAL AVE. 150	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **PETER SELLER, PRESIDENT & CEO** **2/4/04** **727-490-2000** **Ext. 201**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #