


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90290 028 \*\*\*150.00

<b>DOCUMENT # P99000040029</b>					
<b>1. Entity Name</b> <b>THE GIRLS CONTRACTING, INC.</b>					
<b>Principal Place of Business</b> <b>424 WYOMING AVE</b> <b>ST CLOUD, FL 34769</b>			<b>Mailing Address</b> <b>424 WYOMING AVE</b> <b>ST CLOUD, FL 34769</b>		
<b>2. Principal Place of Business</b> <b>6395 Judith Ct.</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> <b>6395 Judith Ct.</b> Suite, Apt. #, etc.			
<b>City &amp; State</b> <b>St. Cloud, Florida</b> Zip <b>34771</b> Country <b>USA</b>		<b>City &amp; State</b> <b>St. Cloud, Florida</b> Zip <b>34771</b> Country <b>USA</b>		<b>4. FEI Number</b> <b>59-3581313</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>KARDISCO, DEBORA</b> <b>424 WYOMING AVE</b> <b>ST CLOUD, FL 34769</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>6395 Judith Ct.</b> City <b>St. Cloud</b> <b>FL</b> Zip Code <b>34771</b>		
<b>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.</b> SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KARDISCO, DEBORA</b> <b>424 WYOMING AVE</b> <b>ST CLOUD, FL 34769</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Debora Kardisco</b> <b>6395 Judith Ct.</b> <b>St. Cloud, FL 34771</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PRATHER, DONNA</b> <b>424 WYOMING AVE</b> <b>ST CLOUD, FL 34769</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Donna Prather</b> <b>6395 Judith Ct.</b> <b>St. Cloud, FL 34771</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <u>Debora A. Kardisco</u> <u>Debora A. Kardisco</u> <u>4/14/04</u> <u>4079086718</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

94055073



04142004 Chg-P CR2E034 (10/03)