

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000055402

FILED
Jul 15, 2004
Secretary of State

Entity Name: ACTIVE MEDICAL SUPPLY INC

Current Principal Place of Business:

1416 E FLETCHER AVE
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

1416 E FLETCHER AVE
TAMPA, FL 33612

New Mailing Address:

FEI Number: 59-3582808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HULLING, DON
14008 SHADY SHORE DR
TAMPA, FL 33613 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HULLING, DAN
Address: 14008 SHADY SHORES DRIVE
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HULLING, DON
Address: 14008 SHADY SHORES DRIVE
City-St-Zip: TAMPA, FL 33613

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: DON HULLING

PRES

07/15/2004

Electronic Signature of Signing Officer or Director

Date