


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90253 014 ***158.75

DOCUMENT # P99000075879					
1. Entity Name 2601 EAST CORP.					
Principal Place of Business 1499 W PALMETTO PARK ROAD, SUITE 400 BOCA RATON, FL 33486			Mailing Address 1499 W PALMETTO PARK ROAD, SUITE 400 BOCA RATON, FL 33486		
2. Principal Place of Business 8809 Twin Lake Drive Suite, Apt. #, etc.		3. Mailing Address 8809 Twin Lake Drive Suite, Apt. #, etc.			
City & State BOCA RATON, FL.		City & State BOCA RATON, FL		4. FEI Number 65-0946006	
Zip 33494		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRIS, LELAND 1499 W PALMETTO PARK ROAD, SUITE 400 BOCA RATON, FL 33486			7. Name and Address of New Registered Agent Name <u>LELAND MORRIS</u> Street Address (P.O. Box Number is Not Acceptable) <u>8809 TWIN LAKE DRIVE</u> City <u>BOCA RATON</u> FL Zip Code <u>33496</u>		
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 <u>Leland Morris</u> <u>AD LELAND MORRIS</u> <u>4/25/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MORRIS, LELAND 1499 W PALMETTO PARK ROAD, SUITE 400 BOCA RATON, FL 33486		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LELAND MORRIS 8809 TWIN LAKE DRIVE BOCA RATON, FL 33496	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Leland Morris</u> <u>LELAND MORRIS</u> <u>4/25/04</u> <u>561-479-1999</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

24058188



04252004 Chg-P CR2E034 (10/03)