


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90394 046 \*\*\*150.00

<b>DOCUMENT # P99000078107</b> 1. Entity Name <b>PERSNICKATEE, INC.</b>																															
Principal Place of Business <b>545 BAHAMA DR. INDIALANTIC, FL 32903</b>		Mailing Address <b>PO BOX 34114 INDIALANTIC, FL 32903</b>																													
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>545 Bahama Dr.</b>  Suite, Apt. #, etc.																													
City & State  Zip		City & State <b>Indialantic, FL</b> Zip <b>32903</b>																													
Country		Country																													
6. Name and Address of Current Registered Agent  <b>LENCHES, STEPHEN F 545 BAHAMA DR. INDIALANTIC, FL 32903</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code																													
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 _____																															
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>LENCHES, STEPHEN F</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>545 BAHAMA DR.</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>INDIALANTIC, FL 32903</b></td> <td></td> </tr> </table>		TITLE	NAME	Delete <input type="checkbox"/>	NAME	<b>LENCHES, STEPHEN F</b>		STREET ADDRESS	<b>545 BAHAMA DR.</b>		CITY-ST-ZIP	<b>INDIALANTIC, FL 32903</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Change <input type="checkbox"/></td> <td style="width:10%;">Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	NAME				STREET ADDRESS				CITY-ST-ZIP			
TITLE	NAME	Delete <input type="checkbox"/>																													
NAME	<b>LENCHES, STEPHEN F</b>																														
STREET ADDRESS	<b>545 BAHAMA DR.</b>																														
CITY-ST-ZIP	<b>INDIALANTIC, FL 32903</b>																														
TITLE	NAME	Change <input type="checkbox"/>	Addition <input type="checkbox"/>																												
NAME																															
STREET ADDRESS																															
CITY-ST-ZIP																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Delete <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Change <input type="checkbox"/></td> <td style="width:10%;">Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	NAME				STREET ADDRESS				CITY-ST-ZIP			
TITLE	NAME	Delete <input type="checkbox"/>																													
NAME																															
STREET ADDRESS																															
CITY-ST-ZIP																															
TITLE	NAME	Change <input type="checkbox"/>	Addition <input type="checkbox"/>																												
NAME																															
STREET ADDRESS																															
CITY-ST-ZIP																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Delete <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Change <input type="checkbox"/></td> <td style="width:10%;">Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	NAME				STREET ADDRESS				CITY-ST-ZIP			
TITLE	NAME	Delete <input type="checkbox"/>																													
NAME																															
STREET ADDRESS																															
CITY-ST-ZIP																															
TITLE	NAME	Change <input type="checkbox"/>	Addition <input type="checkbox"/>																												
NAME																															
STREET ADDRESS																															
CITY-ST-ZIP																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Delete <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Change <input type="checkbox"/></td> <td style="width:10%;">Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	NAME				STREET ADDRESS				CITY-ST-ZIP			
TITLE	NAME	Delete <input type="checkbox"/>																													
NAME																															
STREET ADDRESS																															
CITY-ST-ZIP																															
TITLE	NAME	Change <input type="checkbox"/>	Addition <input type="checkbox"/>																												
NAME																															
STREET ADDRESS																															
CITY-ST-ZIP																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Delete <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Change <input type="checkbox"/></td> <td style="width:10%;">Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	NAME				STREET ADDRESS				CITY-ST-ZIP			
TITLE	NAME	Delete <input type="checkbox"/>																													
NAME																															
STREET ADDRESS																															
CITY-ST-ZIP																															
TITLE	NAME	Change <input type="checkbox"/>	Addition <input type="checkbox"/>																												
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.																															
<b>SIGNATURE:</b> <i>Stephen F Lench</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>4-27-04</b> <b>321-693-0165</b> Date Daytime Phone #																													