


2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000096656**

1. Entity Name  
 WAREHOUSE AMERICA, INC.



Principal Place of Business  
 8220 STATE RD. 84 #200  
 DAVIE, FL 33324

Mailing Address  
 8220 STATE RD. 84 #200  
 DAVIE, FL 33324

**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number  
 65-0958609 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

BARR, DANIEL A  
 8220 STATE RD. 84 #200  
 DAVIE, FL 33324

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CREED, JERE D 8220 STATE RD. 84 #200 DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOSE, MARK 8220 STATE RD. 84 #200 DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PRINCIPE, NIEL J 8220 STATE RD. 84 #200 DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BARR, DANIEL A 8220 STATE RD. 84 #200 DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000000243  
 01/08/04-80005-023 150.00

**DO NOT WRITE IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* TREAS 1/5/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #