

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90071 013 ***150.00

DOCUMENT # P99000107448

1. Entity Name

ONLYFROM.COM CORPORATION



Principal Place of Business

31 DAVIS BLVD.
B
TAMPA FL 33606

Mailing Address

31 DAVIS BLVD.
B
TAMPA FL 33606

2. Principal Place of Business

1502 N. 19th Street

Suite, Apt. #, etc.

3. Mailing Address

1502 N. 19th Street

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33605

Country

Zip

33605

Country

4. FEI Number

59-3649820

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCBIRNIE, WILLIAM
31 DAVIS BLVD., STE B
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

McBirniet, William

Street Address (P.O. Box Number is Not Acceptable)

1502 N. 19th Street

City

Tampa

FL

Zip Code

33605

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

W. Burl McB...

3/10/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CEO
NAME MCBIRNIE, WILLIAM
STREET ADDRESS 31 DAVIS BLVD., STE B
CITY-ST-ZIP TAMPA FL 33606 ☐ Delete

TITLE VP
NAME PROVATAS, ANTONIA
STREET ADDRESS 11306 STRATTON PARK DRIVE
CITY-ST-ZIP TAMPA FL 33629 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 1502 N. 19th Street
CITY-ST-ZIP Tampa, FL 33605 ☒ Change ☐ Addition

TITLE VP
NAME Pete Guzzo
STREET ADDRESS 809 Islandwalk Drive
CITY-ST-ZIP Tampa, FL 33602 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

W. Burl McB...

William McBirniet

3/10/04

813-785-6980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #