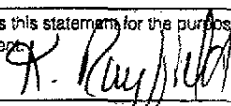


2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2004 08
Secretary of S

DOCUMENT # S66518 1. Entity Name EXPRESSIONS SWIM N' SUN WEAR, INC.		
Principal Place of Business 86713 OVERSEAS HWY. ISLAMORADA, FL 33036	Mailing Address 86713 OVERSEAS HWY. ISLAMORADA, FL 33036	
DO NOT WRITE IN THIS SPACE		
 04232004 No Chg-P CR2E034 (10/03)		
4. FEI Number 65-0275455		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GREGG, MARK H. 89240 OVERSEAS HWY. SUITE 5 TAVERNIER, FL 33070		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: 4.29.04
Signature, typed or printed name of registered agent, 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	VPST RAYFIELD, PAUL A. 128 LEONI DR. ISLAMORADA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAYFIELD, NANCY K. 128 LEONI DR. ISLAMORADA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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)(f), 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: 		Date: 4.29.04 Daytime Phone #: 305-852-1155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		