


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # V60319
1. Entity Name
311 CENTER BOULEVARD, INC.



Principal Place of Business: 311 SARASOTA CTR BLVD. SUITE 400 SARASOTA FL 34240 US
Mailing Address: 311 SARASOTA CTR BLVD. SUITE 400 SARASOTA FL 34240 US

2. Principal Place of Business: Suite, Apt #, etc. City & State Zip Country
3. Mailing Address: Suite, Apt #, etc. City & State Zip Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
HANKIN, LAWRENCE M.
2033 MAIN ST.
SUITE 400
SARASOTA FL

4. FEI Number: 65-0395651 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name: _____
Street Address (P O. Box Number is Not Acceptable): _____
City: _____ FL 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.

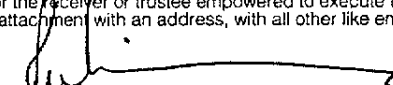
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: SIMMONS, P.W. STREET ADDRESS: 139 YACHT HARBOR DR. CITY-ST-ZIP: OSPREY FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000017395 01/28/04-80092-023 150.00
TITLE: S NAME: SIMMONS, LOIS L STREET ADDRESS: 139 YACHT HARBOR DR. CITY-ST-ZIP: OSPREY FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: SIMMONS, LOIS L STREET ADDRESS: 139 YACHT HARBOR DR. CITY-ST-ZIP: OSPREY FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  Peter W. Simmons 1-22-04 941-377-9929
Date: _____ Daytime Phone: _____