2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 04, 2004 8:00 am Secretary of State DOCUMENT #-V72334 1. Entity Name 02-04-2004 90035 037 ***150.00 FLORIDA - COLORADO, INC. Principal Place of Business Mailing Address **4777 CENTER STREET 4777 CENTER STREET** JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address Florida - Colorado, Inc. Florida-Colorado, Inc Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 1003 Jupiter Park Lane, Svite#5 1003 Jupiter City & State Jupiter 4. FEI Number Applied For 65-0364290 Supiter Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOODY, JAMES CLIFF Street Address (P.O. Box Number is Not Acceptable) **4777 CENTER STREET** JUPITER FL 33458 City Zio 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition MOODY, JAMES C NAME NAME STREET ADDRESS **4777 CENTER STREET** STREET ADDRESS CITY-ST-ZIP JUPITER FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME -NAME ~ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS 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 appears, with all other life empowered.

FILED