2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State
03-19-2004 90050 022 ***150.00

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1. Entity Name
6TH AVENUE 3-B, INC.

Principal Place of Business	Mailing Address
9625 ~~ALONZO ROAD~~ Wes Kearney Way RIVERVIEW, FL 33569	~~PO BOX 76009~~ 9625 Wes Kearney Way ~~TAMPA, FL 33675-6009~~ Riverview, FL 33569

DO NOT WRITE IN THIS SPACE

03152004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3688262
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NOBLE, RONALD H
501 EAST KENNEDY BLVD SUITE 1700
TAMPA, FL 33602

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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 _____ James M. Reed _____ 3/15/04
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

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

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	KEARNEY, BRYAN G
STREET ADDRESS	9625 ~~ALONZO ROAD~~ Wes Kearney Way
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	DT
NAME	KEARNEY, BARRY L
STREET ADDRESS	9625 ~~ALONZO ROAD~~ Wes Kearney Way
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	DP
NAME	KEARNEY, CHARLES W JR
STREET ADDRESS	9625 ~~ALONZO ROAD~~ Wes Kearney Way
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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: _____ James M. Reed 3/15/04 (813)621-0855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #