

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2004 8:00 am
Secretary of State

04-28-2004 90306 042 ***150.00

66428132



04012004 Chg-P CR2E034 (10/03)

4. FEI Number **00-0523430** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

PRESEALT, BRIAN
5420 19TH LANE EAST
BRADENTON, FL 34203

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 _____

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

(NOTE: Registered Agents signing this report must be authorized.)

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	D	☐ Delete
NAME	PRESEALT, BRIAN	
STREET ADDRESS	5420 19TH LANE E.	
CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SECRETARY	☐ Change ☒ Addition
NAME	NATHAN F. PRESEALT	
STREET ADDRESS	5420 19TH LANE E.	
CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME	JOSEPH D.C. PRESEALT	
STREET ADDRESS	5420 19TH LANE E.	
CITY-ST-ZIP	BRADENTON, FLORIDA 34203	
TITLE	TREASURER	☐ Change ☒ Addition
NAME	KRISTEN PRESEALT	
STREET ADDRESS	5420 19TH LANE E.	
CITY-ST-ZIP	BRADENTON, FLORIDA 34203	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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)(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 an other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04

DATE

Signature Printed