


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90039 015 ***150.00

DOCUMENT # P93000038621
 1. Entity Name
T4 INCORPORATED



Principal Place of Business
4426 SE 16TH PL
~~SUITE 2~~ *Suite 4*
CAPE CORAL, FL 33904 US

Mailing Address
C/O FRAN SZYMANSKI
13391 GATEWAY DRIVE #117
FT. MYERS, FL 33907 US

94022124



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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01072004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
SZYMANSKI, FRANCES K
13391 GATEWAY DRIVE
SUITE 117
FT. MYERS, FL 33907

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)
 Signature, typed or printed name of registered agent and title if applicable. 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	DPT	<input type="checkbox"/> Delete
NAME	CONWAY, CAROL P	
STREET ADDRESS	5471 HARBORACE DR.	
CITY-ST-ZIP	FT. MYERS, FL 33908 12	
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 all other like empowered.

SIGNATURE: *Carol Conway* **02.19.04**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #