

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000095386

**FILED  
Sep 09, 2004  
Secretary of State**

Entity Name: S2RT, INC.

**Current Principal Place of Business:**

800 RIVERPOINT DRIVE #207  
NAPLES, FL 34102

**New Principal Place of Business:**

431 SUNSHINE DR.  
COCONUT CREEK, FL 33066

**Current Mailing Address:**

800 RIVERPOINT DRIVE #207  
NAPLES, FL 34102

**New Mailing Address:**

431 SUNSHINE DR  
COCONUT CREEK, FL 33066

FEI Number: 59-3476262      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FINANCIAL FOUNDATIONS, INC.  
2843 THAXTON DR  
SUITE 337  
PALM HARBOR, FL 34684 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TOWLE, LEE W  
Address: 141 S.W. 16 ST.  
City-St-Zip: POMPANO BEACH, FL 33060

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: STEWART, ALLAN M  
Address: 5637 COVE CIRCLE  
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE W. TOWLE

P

09/09/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date