


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 285411
 1. Entity Name
 LITTLE & CO., INC.



Principal Place of Business Mailing Address
 3232 MAINE AVE P.O. BOX 1849
 EATON PARK, FL 33840 US EATON PARK, FL 33840 US

DO NOT WRITE IN THIS SPACE



04092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1057016	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 SMITH, WYATT F JR.
 3232 MAINE AVENUE
 EATON PARK, FL 33840

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000109573
 04/12/04-80049-003 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SMITH, GAYLE V 3232 MAINE AVENUE EATON PARK, FL 33840
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SMITH, GAYLE V 3232 MAINE AVENUE EATON PARK, FL 33840
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SMITH JR, WYATT F 3232 MAINE AVENUE EATON PARK, FL 33840
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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: _____ 04-12-04 863 665 4887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #