


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000005872	
1. Entity Name CAYCE COMPANY, INC.	

Principal Place of Business 2710 S. IRBY ST. FLORENCE, SC 29505	Mailing Address PO DRAWER 3639 FLORENCE, SC 29501
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DO NOT WRITE IN THIS SPACE



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number 57-0365841	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, M. ERNEST 2710 S. IRBY ST. FLORENCE, SC 29505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MCELVEEN, ROBERT F JR 2710 S. IRBY ST. FLORENCE, SC 29505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOUGLAS, RONALD W 2710 S. IRBY ST. FLORENCE, SC 29505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, CHARLES T 2710 S. IRBY ST. FLORENCE, SC 29505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BROWN, LYNN H 2710 S. IRBY ST. FLORENCE, SC 29505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1100000043570
02/10/04-80089-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 recipient 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: 	LYNN H. BROWN	2-06-04	843-669-1816
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>