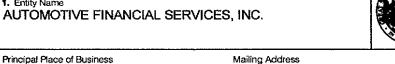
2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # F71030

1. Entity Name

% W.E. CURRIE, III

5815 N DALE MABRY HWY TAMPA, FL 33614



FILED Apr 29, 2004 08:00 AM Secretary of State

Fee Required

813 872-5555



DO NOT WRITE IN THIS SPACE

% W.E. CURRIE, III 5815 N DALE MABRY HWY

TAMPA, FL 33614

01092004 No Chg-P CR2E034 (10/03)

Applied For 4. FEI Number 59-2186965 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

CURRIE, W.E., III 5815 N DALE MABRY HWY TAMPA, FL 33614

DO NOT WRITE IN THIS SPACE

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 name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. 55.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CURRIE, W E III 5815 N DALE MABRY HWY TAMPA, FL 00000,				U00000138669 04/29/04-80090-005 1 50.0 0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHEA, JOHN 5815 N DALE MABRY HWY TAMPA, FL. 00000,					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THATCHER, LAWTON W. 5815 N. DALE MABRY HWY. TAMPA, FL		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE 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.						

John Shen

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR