


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F96000001684</b> 1. Entity Name SEWELL PRODUCTS OF FLORIDA, INC.	
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Principal Place of Business 909 MAGNOLIA AVE AUBURDALE, FL 33823 US	Mailing Address 909 MAGNOLIA AVE AUBURDALE, FL 33823 US
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**DO NOT WRITE IN THIS SPACE**



03152004 No Chg-P CR2E034 (10/03)

4. FEI Number 54-1795317	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  
 1200 SOUTH PINE ISLAND ROAD  
 PLANATION, FL 33324

**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 \_\_\_\_\_ (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.  \$5.00 May Be Added to Fees

U000000100284  
 U4/U1/U4-80001-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CYNAMON, DAVID 909 MAGNOLIA AVE. AUBURDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO PEARCE, ROY 909 MAGNOLIA AVE. AUBURDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PFAB, RICK 909 MAGNOLIA AVE. AUBURDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST BRODIE, HOWARD 909 MAGNOLIA AVE. AUBURDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 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: *Roy Pearce* 3/31/04 905-660-2642  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #