


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90018 029 ***150.00

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| DOCUMENT # J11139 1. Entity Name FPL HOLDINGS INC |  |
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| Principal Place of Business ATTN: DENNIS P COYLE, 700 UNIVERSE BLVD P.O. BOX 14000 JUNO BEACH, FL 33408 US | Mailing Address ATTN: DENNIS P COYLE, 700 UNIVERSE BLVD P.O. BOX 14000 JUNO BEACH, FL 33408 US |
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01282004 No Chg-P CR2E034 (10/03)

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|---|---------------------------------------|
| 4. FEI Number 59-2693420 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|-----------------------------------|
| 6. Name and Address of Current Registered Agent LEON, J E 9250 W. FLAGLER ST. MIAMI, FL 33174 | DO NOT WRITE IN THIS SPACE |
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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 _____ (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 | DPS COYLE, DENNIS P 700 UNIVERSE BLVD JUNO BEACH, FL 33408 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVT CUTLER, PAUL I 700 UNIVERSE BLVD NORTH PALM BEACH, FL 33408 |
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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 life empowered.

SIGNATURE:  **Dennis P. Coyle** 01/29/04 (561) 694-3424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #