


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # J18876
1. Entity Name
THE ATHENA GROUP INC.



Principal Place of Business
5522 NW 43RD ST
STE B
GAINESVILLE, FL 32653 US

Mailing Address
% LORI G. TAYLOR
3424 N.W. 31ST STREET
GAINESVILLE, FL 32605



01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2724492

Applied For
Not Applicable

5. Certificate of Status Desrec \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, LORI G.
3424 N.W. 31ST STREET
GAINESVILLE, FL 32605

**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)
Signature, typed or printed name of registered agent and title if applicable. 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

U00000116047
04/16/04-80048-020 150.00

10. OFFICERS AND DIRECTORS

TITLE V
NAME TAYLOR, LORI G.
STREET ADDRESS 3424 NW 31ST ST
CITY-ST-ZIP GAINESVILLE, FL

TITLE C
NAME TAYLOR, FREDRICK J.
STREET ADDRESS 3424 N.W. 31ST STREET
CITY-ST-ZIP GAINESVILLE, FL

TITLE P
NAME MURPHY, MONICA
STREET ADDRESS 2844 NW 32ND ST
CITY-ST-ZIP GAINESVILLE, FL

TITLE ST
NAME RODEL, JANET D
STREET ADDRESS 4310 NW 18TH PL
CITY-ST-ZIP GAINESVILLE, FL 32605

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)(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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **02/18/04** **3523712567**
Date Daytime Phone #