2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L97568

City-St-Zip: COCOA BEACH, FL

CANAVERAL INDUSTRIES INC

FILED Jan 12, 2004 Secretary of State

Entity Nai	me: Canaveral Industries, Inc.	
Current P	rincipal Place of Business:	New Principal Place of Business:
166 CENT CAPE CAI	ER ST NAVERAL, FL 32920 US	166 CENTER ST SUITE 210 CAPE CANAVERAL, FL 32920 US
Current M	lailing Address:	New Mailing Address:
166 CENT CAPE CAI	ER ST NAVERAL, FL 32920 US	166 CENTER ST SUITE 210 CAPE CANAVERAL, FL 32920 US
FEI Number	: 59-3031904 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired (X)
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
MELBOUF The above	RAWBRIDGE AE., STE 101 RNE, FL 32901	e purpose of changing its registered office or registered agent, or both,
SIGNATU		
SIGNATO	Electronic Signature of Registered A	Agent Date
Election Car	mpaign Financing Trust Fund Contribution ().	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	DP () Delete HRADESKY, E. L., 124 ST CROIX AVE. COCOA BEACH, FL	Title: DP (X) Change () Addition Name: HRADESKY, E. L., Address: 124 ST CROIX AVE. City-St-Zip: COCOA BEACH, FL 32931 US
Title: Name: Address: City-St-Zip:	D () Delete MORRIS, JOHN J 1370 YORK CIR MELBOURNE, FL 32904	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	DS () Delete EMORY, J. E., 5120 PINTAIL LANE MERRITT ISL., FL	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete MCARA, R. C., 580 HIDDEN HOLLOW MERRITT ISL., FL	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address:	D () Delete ZACCARO, T. W., 325 S. BANANA RIVER DR.	Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: E L HRADESKY DP 01/12/2004