2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001982

Entity Name: X-STATIC ENTERPRISES INC.

FILED May 01, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1325 COMMERCE DR 1325 COMMERCE DR **BOX 462** P.O. BOX 413 CRESTVIEW, FL 32536 MILTON, FL 32572

New Mailing Address: **Current Mailing Address:**

PO BOX 784 PO BOX 413 CRESTVIEW, FL 32533 MILTON, FL 32572

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RUSTAND, CARLYSE P RUSTAND, KORY 450 S HWÝ 29 450 S HWY 29

CANTONMENT, FL 32533 US CANTONMENT, FL 32533 US

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.

SIGNATURE: KORY RUSTAND 05/01/2004

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete RUSTAND, JON A RUSTAND, JON A Name: Name:

1325 COMMERCE DR 462 Address: 1325 COMMERCE DR Address: City-St-Zip: CRESTVIEW, FL 32536 City-St-Zip: CRESTVIEW, FL 32536

Title: () Delete Title: (X) Change () Addition

Name: RUSTAND, SMITTY Name: HILL, PAUL Address: 1325 COMMERCE DR 462 Address: 1325 COMMERCE DR

City-St-Zip: CRESTVIEW, FL 32536 City-St-Zip: CRESTVIEW, FL 32536

Title: () Delete Title: (X) Change () Addition

RUSTAND, PEGGY C GRIFFIN, MICHAEL Name: Name: 1325 COMMERCE DR 462 1325 COMMERCE DR Address: Address: City-St-Zip: CRESTVIEW, FL 32536 City-St-Zip: CRESTVIEW, FL 32536

Title: () Delete Title: (X) Change () Addition

SALVI, JOHN Name: RUSTAND, KORY Name: 1325 COMMERCE DR. 462 Address:

Address: 1325 COMMERCE DR. City-St-Zip: CRESTVIEW, FL 32536 City-St-Zip: CRESTVIEW, FL 32536

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JON A. RUSTAND D 05/01/2004