

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2004
Secretary of State**

DOCUMENT# N01000001796

Entity Name: WIT-NEST, INC.

Current Principal Place of Business:

1329 GINSBERG DRIVE
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10081
DAYTONA BEACH, FL 32120

New Mailing Address:

FEI Number: 59-3704647 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAFFORD, INEZ
1048 AUDRY DR.
DAYTONA BCH, FL 32117

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STAFFORD, INEZ
Address: 1048 AUDRY DR.
City-St-Zip: DAYTONA BCH, FL 32117

Title: D () Delete
Name: MCELVEEN, BELINDA
Address: 539 MARK AVE.
City-St-Zip: DAYTONA BCH, FL 32114

Title: D () Delete
Name: RIDDICK, LEAH C
Address: 1057 MASON AVE.
City-St-Zip: DAYTONA BCH, FL 32114

Title: D () Delete
Name: COURTNEY, BRENDA
Address: 1417 MOLLIE RD.
City-St-Zip: DAYTONA BCH, FL 32114

Title: D () Delete
Name: GRACE, PATRICIA
Address: 1476 VINE ST.
City-St-Zip: HOLLY HILL, FL 32117

Title: D () Delete
Name: GUILTY, FRANCES
Address: 304 MAPLE ST., #12
City-St-Zip: DAYTONA BCH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MCELVEEN, BELINDA
Address: 4636 SOUTH MOON TR.
City-St-Zip: PORT ORANGE, FL 32127

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: INEZ C. STAFFORD

Electronic Signature of Signing Officer or Director

PRES

04/29/2004

Date