


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2004 8:00 am
Secretary of State

02-03-2004 90012 006 ****61.25

DOCUMENT # N0100003830						
1. Entity Name THREE SERVICEMEN STATUE SOUTH, INC.						
Principal Place of Business 1000 BAY CITY RD APALACHICOLA, FL 32320			Mailing Address PO BOX 68 APALACHICOLA, FL 32329			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 59-3723250		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
CURENTO, MARK C 34 FORBES ST STE 1 APALACHICOLA, FL 32320			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
			City		FL	Zip Code
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
<input checked="" type="checkbox"/> NAME	OP MOSCONIS, JIMMY	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE	D JAMES L. ELLIOT	
STREET ADDRESS	1000 BAY CITY RD			STREET ADDRESS	29 22ND STREET	
CITY-ST-ZIP	APALACHICOLA, FL 32320			CITY-ST-ZIP	APALACHICOLA, FLORIDA 32320	
TITLE	DST	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE	D MIRABELLA, ALFIA JR.	
NAME	CURENTO, MARK C			NAME	64 AVENUE D	
STREET ADDRESS	34 FORBES ST STE 1			STREET ADDRESS	APALACHICOLA, FLORIDA 32320	
CITY-ST-ZIP	APALACHICOLA, FL 32320			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE	D BLAIR, CURT	
NAME	SPOHRER, HELEN T			NAME	184 AVENUE E	
STREET ADDRESS	123 GULF BEACH DR. WEST			STREET ADDRESS	APALACHICOLA, FLORIDA-32320	
CITY-ST-ZIP	ST. GEORGE ISLAND, FL 32328			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		
NAME	WARD, JERALD			NAME		
STREET ADDRESS	316 S. BAYLEN ST., STE. 300			STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32501			CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		
NAME	KNIGHT, JOSEPH S			NAME		
STREET ADDRESS	79 6TH ST			STREET ADDRESS		
CITY-ST-ZIP	APALACHICOLA, FL 32320			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
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 617, 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: <i>Mark C. Curenton</i> Mark C. Curenton			Feb. 2 2004 (850) 653-9783			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>			