


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Aug 12, 2004 8:00 am
Secretary of State

08-12-2004 90006 034 ****61.25

DOCUMENT # N03000006852			
1. Entity Name LAND O' LAKES STORM, INC.			
Principal Place of Business 20652 GARDENIA DRIVE LAND O' LAKES, FL 34639 US		Mailing Address 20652 GARDENIA DRIVE LAND O' LAKES, FL 34639 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <i>Same</i>		Suite, Apt. #, etc. <i>Same</i>	
City & State		City & State	
Zip <i>34638</i>	Country	Zip <i>34638</i>	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCOTT, HILGENBERG 20652 GARDENIA DRIVE LAND O' LAKES, FL 34639		Name Street Address (P.O. Box Number is Not Acceptable) <i>20652 GARDENIA Dr.</i> City <i>Land O Lakes</i> FL Zip Code <i>34638</i>	
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 <i>[Signature]</i>		DATE <i>8/8/04</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	



08082004 Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 Not Applicable

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

Filing Fee is \$61.25 Due by September 8, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOTT, HILGENBERG 20652 GARDENIA DRIVE LAND O' LAKES, FL 34639 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Zip 34638</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JIMMY, DOWNUM 9610 REGENTS PARK DR TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MICHAEL, HAMILTON 1310 OCEAN REEF ROAD WESLEY CHAPEL, FL 33543 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA MICHELE, HAMILTON 1310 OCEAN REEF ROAD WESLEY CHAPEL, FL 33543 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* *8/8/04* *813-310-8255*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date D daytime Phone #