


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90733 016 \*\*\*\*61.25

<b>DOCUMENT # N39884</b>	
1. Entity Name <b>SAVE OUR SEABIRDS, INC.</b>	

Principal Place of Business <b>840 THIRD AVENUE SOUTH TIERRA VERDE, FL 33715</b>	Mailing Address <b>840 THIRD AVENUE SOUTH TIERRA VERDE, FL 33715</b>
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

01142004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3078536**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FOX, LEE**  
**840 THIRD AVENUE SOUTH**  
**TIERRA VERDE, FL 33715**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FOX, LEE	
STREET ADDRESS	840 THIRD AVENUE SOUTH	
CITY-ST-ZIP	TIERRA VERDE, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENNY, ANN	
STREET ADDRESS	731 64TH AVE	
CITY-ST-ZIP	ST PETERSBURG, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTRO, NANCY	
STREET ADDRESS	1505 BM COLONIAL TERR	
CITY-ST-ZIP	ARLINGTON, VA 22209	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENNY, JACK D	
STREET ADDRESS	731 64TH AVE.	
CITY-ST-ZIP	ST. PETERSBURG BEACH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BYRNE, JAMES	
STREET ADDRESS	5040 FOURTH ST N	
CITY-ST-ZIP	ST PETERSBRUG, FL 33701	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCRORY, RICHARD	
STREET ADDRESS	540 FOURTH ST N	
CITY-ST-ZIP	ST PETERSBURG, FL 33701	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Executive Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shannon Gray	
STREET ADDRESS	794 100 Ave N. #102	
CITY-ST-ZIP	St Pete, FL 33702	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lorraine Bulis Franke	
STREET ADDRESS	106 4th St E.	
CITY-ST-ZIP	Tierra Verde FL 33715	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Craig Smith	
STREET ADDRESS	280 8th Ave N.	
CITY-ST-ZIP	Tierra Verde FL 33715	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Lee Fox* Date: 4/28/04  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #