

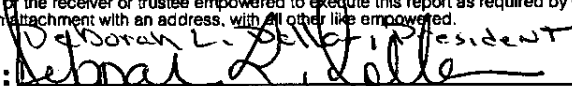


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90344 001 \*\*\*\*70.00

<b>DOCUMENT # N44058</b>			
1. Entity Name PHOENIX AVICULTURAL RESEARCH & DEVELOPMENT, INC.			
Principal Place of Business % DAVID T. DOLLAR P.O. BOX 12058 BROOKSVILLE, FL 34603		Mailing Address % DAVID T. DOLLAR P.O. BOX 12058 BROOKSVILLE, FL 34603	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3139508		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DOLLAR, DAVID T. 1071 CANDLELIGHT BLVD. APT. F-93 BROOKSVILLE, FL 34601		Name: <u>Dollar, DAVID T.</u> Street Address (P.O. Box Number is Not Acceptable): <u>10335 Rain forest RD</u> City: <u>Brooksville</u> FL Zip Code: <u>34601</u>	
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: <u>4-26-04</u>	
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	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLLAR, DAVID T DIRECTO	NAME	<u>Dollar, David T Director</u>
STREET ADDRESS	1071 CANDLELIGHT BLVD F-93	STREET ADDRESS	<u>10335 Rain forest Rd</u>
CITY-ST-ZIP	BROOKSVILLE, FL 34601	CITY-ST-ZIP	<u>Brooksville, FL 34601</u>
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLLAR, DEBORAH L PRESIDE	NAME	<u>Deborah L. Dollar</u>
STREET ADDRESS	1071 CANDLELIGHT BLVD F-93	STREET ADDRESS	<u>10335 Rain forest Rd</u>
CITY-ST-ZIP	BROOKSVILLE, FL 34601	CITY-ST-ZIP	<u>Brooksville, FL 34601</u>
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLLAR, DEBORAH L TD	NAME	<u>Dollar, Deborah L</u>
STREET ADDRESS	1071 CANDLELIGHT BLVD F-93	STREET ADDRESS	<u>10335 Rain forest Rd</u>
CITY-ST-ZIP	BROOKSVILLE, FL 34601	CITY-ST-ZIP	<u>Brooksville, FL 34601</u>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARRON, DORIS L DIRECTO	NAME	
STREET ADDRESS	227 HARBOUR BREEZE	STREET ADDRESS	
CITY-ST-ZIP	LAKE HILLS, TX 78063	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, FAITH L DIRECTO	NAME	
STREET ADDRESS	18725 ST. ANDREWS DR.	STREET ADDRESS	
CITY-ST-ZIP	MONUMENT, CO 80132	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKINNEY, KATHY DIRECTO	NAME	
STREET ADDRESS	16810 PLATINUM DR	STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	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)(l), 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: 		DATE: <u>4/26/04</u> DAYTIME PHONE #: <u>352-799-7294</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	