

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000089480

Entity Name: S.A. FEATHER CO., INC.

FILED
Jan 22, 2004
Secretary of State

Current Principal Place of Business:

C/O 5852 ENTERPRISE PARKWAY
FT MYERS, FL 33905

New Principal Place of Business:

5852 ENTERPRISE PARKWAY
FT MYERS, FL 33905

Current Mailing Address:

C/O 5852 ENTERPRISE PARKWAY
FT MYERS, FL 33905

New Mailing Address:

5852 ENTERPRISE PARKWAY
FT MYERS, FL 33905

FEI Number: 81-0566867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMUEL, DARREN A
5852 ENTERPRISE PARKWAY
FT MYERS, FL 33905

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAMUEL, DARREN A
Address: 5852 ENTERPRISE PARKWAY
City-St-Zip: FT MYERS, FL 33905

Title: V () Delete
Name: ISSERMAN, RONALD
Address: 11201 PHOENIX WAY
City-St-Zip: NAPLES, FL 34119

Title: ST () Delete
Name: ISSERMAN, KAY
Address: 11201 PHOENIX WAY
City-St-Zip: NAPLES, FL 34119

Title: C () Delete
Name: STROHL-SAMUEL, TAMARA
Address: 4796 KIHIVAKE CT
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SAMUEL, DARREN A
Address: 4796 KITTIVAKE CT.
City-St-Zip: NAPLES, FL 34119

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

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

Title: C (X) Change () Addition
Name: STROHL-SAMUEL, TAMARA
Address: 4796 KITTIVAKE CT
City-St-Zip: NAPLES, FL 34119

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARREN A. SAMUEL

P

01/22/2004

Electronic Signature of Signing Officer or Director

_____ Date