2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 16, 2004 8:00 am
Secretary of State
03-16-2004 90017 029 ***150.00

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02232004 Chg-P CR2E034 (10/03)

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1. Entity Name
EUTAW GROUP, INC.

Principal Place of Business	Mailing Address
813 MAIN ST CHIPLEY, FL 32428	813 MAIN ST CHIPLEY, FL 32428

2. Principal Place of Business	3. Mailing Address
5350 EZELL STREET	5350 EZELL STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GRACEVILLE, FL	City & State: GRACEVILLE, FL
Zip: 32440 Country: USA	Zip: 32440 Country: USA

4. FEI Number: 02-0686165 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RIMES, PAMELA W
5350 EZELL ST
GRACEVILLE, FL 32440

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO	☐ Delete
NAME	PAMELA W. RIMES	
STREET ADDRESS	5350 EZELL STREET	
CITY-ST-ZIP	GRACEVILLE, FL 32440	
TITLE	PRESIDENT	☐ Delete
NAME	TAMMY D. RAY	
STREET ADDRESS	1675 GAINER ROAD	
CITY-ST-ZIP	CHIPLEY, FL 32428	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 607, 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: PAMELA W. RIMES [signature] 850.263.5969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #