


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-03-2004 90431 011 \*\*\*150.00

<b>DOCUMENT # P15792</b>	
1. Entity Name U.S. NATURAL RESOURCES, INC.	

Principal Place of Business 8000 N.E. PARKWAY DR, STE 100 VANCOUVER WA 98662	Mailing Address 8000 N.E. PARKWAY DR, STE 100 VANCOUVER WA 98662-6738 US
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MOORE CR2E034 (11/03)

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 94-2462111	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324

<b>7. Name and Address of New Registered Agent</b>
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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARD, RICHARD H. <input type="checkbox"/> Delete 8000 NE PKWY DR #100 VANCOVER WA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BECHEN, DONALD R. <input type="checkbox"/> Delete 8000 NE PKWY DR #100 VANCOVER WA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete GOODWIN, THOMAS 1220 W. STATE ST. JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete KULBIEDA, GARY M. 212 STATE ST. BELLE VERNON PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete VAN HOOMISSEN, GEORGE 558 ROBINSON ROAD WOODLAND WA 98674
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete KNERR, MICHAEL P. 558 ROBINSON ROAD WOODLAND WA

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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:** Donald R. Bechen 4/26/04 (360) 892-2650  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**DONALD R. BECHEN, SECRETARY**