

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000076175

Entity Name: MAINSTAY GROUP, INC.

FILED
Mar 15, 2004
Secretary of State

Current Principal Place of Business:

31610US HWY 27
HAINES CITY, FL 33844

New Principal Place of Business:

31610 US HWY 27
HAINES CITY, FL 33844

Current Mailing Address:

PO BOX 7607
WINTER HAVEN, FL 33883

New Mailing Address:

FEI Number: 65-0777681 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SAMMONS, ROBERT O ESQ
1552 SIXTH STREET SE
WINTER HAVEN, FL 33880 US

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: DPST () Delete
Name: SHERRARD, CHARLES W
Address: 3831 GAINES COURT
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: BOCK, MARILEE D
Address: 4601 DOGWOOD HILLS CT
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: SHERRARD, K.A
Address: 3831 GAINES CT
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CHARLES W. SHERRARD

DPST

03/15/2004

Electronic Signature of Signing Officer or Director

_____ Date