

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000082248

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: SOUTHERN COIN AMUSEMENTS, INC.

## Current Principal Place of Business:

1830-A ATLANTA AVE.  
ORLANDO, FL 32806

## New Principal Place of Business:

## Current Mailing Address:

1830-A ATLANTA AVE.  
ORLANDO, FL 32806

## New Mailing Address:

FEI Number: 59-3472950

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ADAMS, L. WAYNE  
1591 LAUNEL PARK CT.  
ORANGE CITY, FL 32736 US

## Name and Address of New Registered Agent:

ADAMS, L. WAYNE  
1591 LAUREL PARK CT.  
ORANGE CITY, FL 32763 US

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: L.WAYNE ADAMS

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ADAMS, L. WAYNE  
Address: 1591 LAUREL PARK CT.  
City-St-Zip: ORANGE CITY, FL 32738

Title: D ( ) Delete  
Name: SOLOMON, JAMES C JR.  
Address: 5155 WHITEWOOD WAY  
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete  
Name: JOHNSON, CALVIN R  
Address: 8141-A BRIDGEWATER CT.  
City-St-Zip: LAKE CLARK SHORES, FL 33406

## 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: L.WAYNE ADAMS

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date