


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S29508</b> 1. Entity Name PAYASI COMPANY	
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Principal Place of Business 1631 GULF-TO-BAY BLVD. CLEARWATER, FL 33755	Mailing Address 1631 GULF-TO-BAY BLVD. CLEARWATER, FL 33755
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**DO NOT WRITE IN THIS SPACE**



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3051970	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

JACKSON BRUCE  
 1631 GULF TO BAY BLVD  
 CLEARWATER, FL 34615

**DO NOT WRITE IN THIS SPACE**

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

000000039590  
 02/09/04-80012-003 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACKSON, BRUCE HENRY 1631 GULF-TO-BAY BLVD. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JACKSON, ROY CHARLES 1631 GULF-TO-BAY BLVD. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATCH, ELIZABETH 1631 GULF-TO-BAY BLVD. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JACKSON, KENNETH ROBERT 1631 GULF-TO-BAY BLVD. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HEISLER, JOSEPH P. 1631 GULF-TO-BAY BLVD. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **Roy Jackson** **2-04-2004** **727-461-2233**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #