
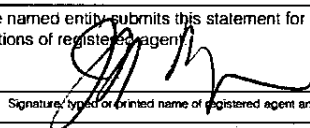
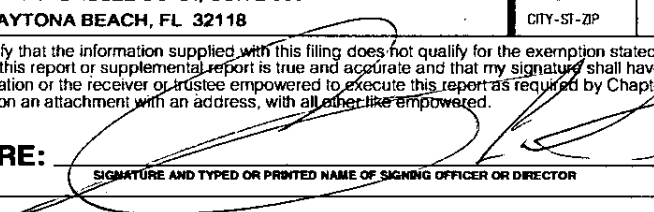


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90020 042 ***150.00

DOCUMENT # K19469 1. Entity Name SMITH, HOOD, PERKINS, LOUCKS, STOUT, & ORFINGER, P.A. BIGMAN, LANE, & BROCK, P.A.					
Principal Place of Business C/O WILLIAM E LOUCKS 444 SEABREEZE BLVD SUITE 900 DAYTONA BEACH, FL 32118 US			Mailing Address C/O WILLIAM E LOUCKS P O BOX 15200 DAYTONA BEACH, FL 32115 US		
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 59-2880513				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LOUCKS, WILLIAM E 444 SEABREEZE BLVD STE 900 DAYTONA BEACH, FL 32118			Name JEFFREY E BIGMAN Street Address (P.O. Box Number is Not Acceptable) 444 SEABREEZE BLVD STE 900 City DAYTONA BEACH FL Zip Code 32118		
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 3/5/04 <small>Signature/Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT ORFINGER, MICHAEL S <input checked="" type="checkbox"/> Delete 444 SEABREEZE BLVD STE 900 DAYTONA BEACH, FL 32118		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BIGMAN, JEFFREY E <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 444 SEABREEZE BLVD STE 900 DAYTONA BEACH, FL 32118	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PERKINS, TERENCE R <input type="checkbox"/> Delete 444 SEABREEZE BLVD STE 900 DAYTONA BEACH, FL 32118		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LANE, K JUDITH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 444 SEABREEZE BLVD STE 900 DAYTONA BEACH, FL 32118	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STOUT, LARRY R <input type="checkbox"/> Delete 444 SEABREEZE BLVD STE 900 DAYTONA BEACH, FL 32118		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT BROCK, JEFFREY P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 444 SEABREEZE BLVD STE 900 DAYTONA BEACH, FL 32118	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS LOUCKS, WILLIAM E <input checked="" type="checkbox"/> Delete 444 SEABREEZE BLVD STE 900 DAYTONA BEACH, FL 32118		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SMITH, HORACE JR. <input type="checkbox"/> Delete 444 SEABREEZE BLVD STE 900 DAYTONA BCH., FL 32118		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HOOD, CHARLES D JR. <input type="checkbox"/> Delete 444 SEABREEZE BLVD., SUITE 900 DAYTONA BEACH, FL 32118		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:  DAYTIME PHONE # <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					