2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 331397

Name:

Address: City-St-Zip: ARCHER, PETER J.,

133 SABINE DRIVE

PENSACOLA BEACH, FL

FILED Apr 27, 2004 Secretary of State

| Entity Nan | ne: THOMAS | S. ARCHE | R INC. | | | | |
|---|---|-------------|---------------------|--|--|-------------|----------------------------------|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | | |
| 109 E. GAR SUITE PENSACO | RDEN ST. LA, FL 32501 | | | | 109 E. GARDEN ST SUITE F PENSACOLA, FL 3 | | |
| Current Mailing Address: | | | | New Mailing Address: | | | |
| 109 E. GAR SUITE PENSACO | RDEN ST. LA, FL 32501 | | | | 109 E. GARDEN ST SUITE F PENSACOLA, FL 3 | | |
| FEI Number: | 59-1302045 | FEI Numbe | er Applied For() | FEI Nun | nber Not Applicable () | Ce | ertificate of Status Desired () |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | | |
| ARCHER,T 133 SABINI PENSACO | | 32561 | US | | ARCHER,THOMAS 137 HIGHPOINT DF GULF BREEZE, FL | RIVE | US |
| The above in the State | | ubmits this | statement for the p | ourpose o | f changing its registe | ered office | e or registered agent, or both, |
| SIGNATURE: THOMAS E. ARCHER | | | | | 04/27/2004 | | |
| | Electroni | c Signature | e of Registered Age | ent | | | Date |
| Election Cam | paign Financing | Trust Fund | Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | P () ARCHER, THOM 133 SABINE DR PENSACOLA BO | | | | Title: Name: Address: City-St-Zip: | () Cha | ange()Addition |
| Title: Name: Address: City-St-Zip: | D () ARCHER, MARY 133 SABINE DR PENSACOLA BE | IVE | | | Title: Name: Address: City-St-Zip: | () Cha | ange()Addition |
| Title: | D () | Delete | | | Title: | () Ch | ange()Addition |

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.

Name:

Address:

City-St-Zip:

SIGNATURE: THOMAS E. ARCHER PRES 04/27/2004