	ANNUAL	REPORT					
1. Entity Nam	MENT # 341838				Ň		Feb 2 Se
Principal Plac 7589 HIGHW PENSACOLA,		Mailing Address 7589 HIGHWAY 98W PENSACOLA, FL 32506 US	5				NATIONAL AND
C	O NOT WRITE	CE	02162004 4. FEI Numb 59-128		CR2E03	4 (10/03) Applied For Not Applicable 8.75 Additional se Required	
333 SOUT UNIT 1	6. Name and Address of Current R , CLIFFORD E H 61ST AVE DLA, FL 32506	DO NOT WRITE IN THIS SPACE					
the obligat SIGNATURE	r named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent an E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	d tile i applicable (NOTE Registere 9. Election Campaign Finar	ncing <b>\$5</b>		oth, in the State of Fic	DATE	miliar with, and accept
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D VSTD FANNING, CLIFFORD E 333 S 61ST AVE UNIT 1 PENSACOLA BEACH, FL 32506 PD ANDREWS, JOANNE F 3551 BEACH HAVEN COVE DRIV PENSACOLA, FL 32507			DO	U000000 02/20/04-8 NOT W	0046-00	
CITY-ST-ZIP ITTLE NAME STREET ACORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS					THIS SF		

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.

SIGNATURF: Joanne F. Andrews, Prisident

CITY-ST-ZIP

850-456-6676

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