

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 372143

FILED
Mar 08, 2004
Secretary of State

Entity Name: EXPLOSIVE ENERGIES CO. INC.

Current Principal Place of Business:

3200 70TH STREET, SW
NAPLES, FL 34105 US

New Principal Place of Business:

4021 EAST RIVER DRIVE
FT MYERS, FL 33916 US

Current Mailing Address:

3200 70TH STREET, SW
NAPLES, FL 34105 US

New Mailing Address:

4021 E AST RIVER DRIVE
FT. MYERS, FL 33916 US

FEI Number: 59-1310154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OREN,PAUL E
3200 70TH STREET, SW
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

OREN,PAUL E
4021 EAST RIVER DRIVE
FT. MYERS, FL 33916 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:

03/08/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCM () Delete
Name: OREN,PAUL E,
Address: 3200 70TH STREET, SW
City-St-Zip: NAPLES, FL 34105 US

Title: D () Delete
Name: OREN, THAD,
Address: 3200 70TH STREET, SW
City-St-Zip: NAPLES, FL 34105 US

Title: D () Delete
Name: NICOL, LANIA OREN
Address: 3470 19TH AVE SW
City-St-Zip: NAPLES, FL 34117 US

Title: TD () Delete
Name: OREN, CRAIG D.,
Address: 1782 TAYLOR CREEK ROAD
City-St-Zip: WEEMS, VA 22576 US

Title: SD () Delete
Name: OREN, KATHRYN E
Address: 3200 70TH ST. SW
City-St-Zip: NAPLES, FL 34105

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:

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: PAUL E OREN

PCM

03/08/2004

Electronic Signature of Signing Officer or Director

Date