

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 520794

Entity Name: 107 GROUP, INC.

FILED
Apr 15, 2004
Secretary of State

Current Principal Place of Business:

9075 COVE AVENUE
PENSACOLA, FL 32534

New Principal Place of Business:

Current Mailing Address:

9075 COVE AVENUE
PENSACOLA, FL 32534

New Mailing Address:

FEI Number: 59-1712948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLOWAY, DEANE R
9075 COVE AVENUE
PENSACOLA, FL 32534

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HUGHES, HENRY L
Address: 2449 PINTO CIRCLE
City-St-Zip: CANTONMENT, FL 32533

Title: S () Delete
Name: HOLLOWAY, DEANE R
Address: 9075 COVE AVENUE
City-St-Zip: PENSACOLA, FL 32534

Title: D () Delete
Name: SCHANG, PATRICIA
Address: 5051 GRANDE DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: HOLLOWAY, JOHN W
Address: 108 BARATARA
City-St-Zip: CHICKASAW, AL 36611

Title: D () Delete
Name: KAISER, ROSE M
Address: 5401 GRAND LAGOON BLVD
City-St-Zip: PENSACOLA, FL 32507

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: DEANE R HOLLOWAY

S

04/15/2004

Electronic Signature of Signing Officer or Director

_____ Date