2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004
Secretary of State

DOCUMENT# 602478

Entity Name: EWING AND THOMAS, INC.

Current Principal Place of Business:

5311 GRAND BOULEVARD
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5311 GRAND BOULEVARD
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-1315226 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, DELORES LYNN
5311 GRND BOULEVARD
NEW PORT RICHEY, FL 34652

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: PD ( ) Delete
Name: THOMAS, DELORES L
Address: 1115 PENNSYLVANIA AVE
City-St-Zip: PALM HARBOR, FL 34683

Title: STD ( ) Delete
Name: THOMAS,DELORES LYNNE,
Address: 1115 PENNSYLVANIA AVE.
City-St-Zip: PALM HARBOR, FL

Title: VP ( ) Delete
Name: DOAN, HOWIE
Address: 3348 MASTERS DRIVE
City-St-Zip: CLEARWATER, FL 33761

Title: ST ( ) Delete
Name: PRINZ, MARY
Address: 3248 HUNTINGTON RD
City-St-Zip: HOLIDAY, FL 34691

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: THOMAS, DELORES L
Address: 1115 PENNSYLVANIA AVE.
City-St-Zip: PALM HARBOR, FL

Title: VP (X) Change ( ) Addition
Name: ATWELL, JEANNE
Address: 320 NORTH WALTON BLVD
City-St-Zip: TARPON SPRINGS, FL 34689

Title: S (X) Change ( ) Addition
Name: ATWELL, JEANNE
Address: 320 NORTH WALTON BLVD.
City-St-Zip: TARPON SPRINGS, FL 34689

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: DELORES LYNN THOMAS PD 03/24/2004

Electronic Signature of Signing Officer or Director — Date