



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 602890</b>	
1. Entity Name DUGGAN, JOINER & COMPANY, P.A., CERTIFIED PUBLIC ACCOUNTANTS	

Principal Place of Business 334 NW 3RD AVENUE OCALA, FL 34475	Mailing Address 334 NW 3RD AVENUE OCALA, FL 34475
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DO NOT WRITE IN THIS SPACE

	
02032004	No Chg-P CR2E034 (10/03)
4. FEI Number 59-1349759	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BIRKENMEYER, WAYNE 334 N.W. 3RD AVE. OCALA, FL 34475	DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.	

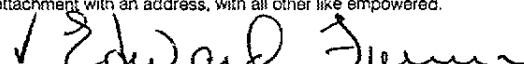
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000038487 02/06/04-80141-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BIRKENMEYER, WAYNE 334 N. W. 3RD AVE. OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STAFFORD, FRANK E. 334 N.W. 3RD AVE. OCALA FL.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FURMAN, EDWARD 334 N.W. 3RD AVE OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DANIELS, HARRY 334 N.W. 3RD AVE. OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

**SIGNATURE:**  **2-5-04** **352-732-0171**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR