

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 679348 1. Entity Name FRATERNAL GROUP ADMINISTRATORS, INC.	
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Principal Place of Business 211 MELBOURNE AVENUE C/O NEIL H. WATT INDIALANTIC, FL 32903	Mailing Address 211 MELBOURNE AVENUE C/O NEIL H. WATT INDIALANTIC, FL 32903
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DO NOT WRITE IN THIS SPACE



04142004 No Chg-P CR2E034 (10/03)

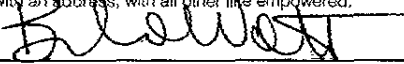
4. FEI Number 59-2014845	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WATT, NEIL H. 211 MELBOURNE AVE. INDIALANTIC, FL 32903

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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renoting)	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000125002 04/22/04-80066-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DP WATT, NEIL H 211 MELBOURNE AVENUE INDIALANTIC, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST- ZIP	ST WATT, BIBA 211 MELBOURNE AVENUE INDIALANTIC, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/14/2004 (321) 724-8066 Date Daytime Phone #