


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 681689

1. Entity Name
NANNIE LEE'S STRAWBERRY MANSION, INC.



Principal Place of Business 1218 E. NEW HAVEN AVENUE MELBOURNE, FL 32901	Mailing Address 1218 E. NEW HAVEN AVENUE MELBOURNE, FL 32901
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2107107	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BROWN, ROBERT
 1218 E. NEW HAVEN AVENUE
 MELBOURNE, FL 32901

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 _____

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BROWN, BOB 1218 EAST NEW HAVEN AV MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BROWN, BOB 1218 E. NEW HAVEN AVE. MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BROWN, SUE 405 2ND AVE. MELBOURNE BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JAQUAYS, LESLIE 3086 GRACE ST WEST MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/13/04-80069-007 150.00

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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: *Bob Brown* **1-8-04 321-724-8078**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #