2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004
Secretary of State

DOCUMENT# 741137

Entity Name: FLORIDA MANUFACTURERS ASSOCIATION, INC.

Current Principal Place of Business:

1000 W. MCNAB ROAD
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

1000 W. MCNAB ROAD
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 59-2262410 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOLFE, JUNE
1000 W. MCNAB ROAD, SUITE 111
POMPANO BEACH, FL 33069 US

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DANIELS, L.A.
Address: 7775 BAYMEADOWS WAY, SUITE 106
City-St-Zip: JACKSONVILLE, FL 32256

Title: VPD ( ) Delete
Name: WOLFE, JUNE
Address: 1000 WEST MCNAB RD., SUITE 111
City-St-Zip: POMPANO BEACH, FL 33069

Title: D ( ) Delete
Name: NEFF, BRIAN
Address: 1000 W MCNAB RD STE 111
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DANIELS, L.A.
Address: 7775 BAYMEADOWS WAY, SUITE 106
City-St-Zip: JACKSONVILLE, FL 32256

Title: PD (X) Change ( ) Addition
Name: WOLFE, JUNE
Address: 1000 WEST MCNAB RD., SUITE 111
City-St-Zip: POMPANO BEACH, FL 33069

Title: D (X) Change ( ) Addition
Name: STIMAC, AL
Address: 709 COMMERCE CR
City-St-Zip: LONGWOOD, FL 32750

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUNE M. WOLFE PD 01/12/2004

Electronic Signature of Signing Officer or Director — Date