## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000004963

Entity Name: H. VICTORY LTD., INC.

FILED Mar 15, 2004 Secretary of State

	iidi Ti. VioToiki	213., 1140.				
Current Principal Place of Business:				New Principal Place of Business:		
3536 UNIV SUITE 208	ERSITY BLVD N		3536 UNI SUITE 21	VERSITY BL	VD N	
	VILLE, FL 32277	US		ŇVILLE, FL 3	32277 US	
Current Mailing Address:				New Mailing Address:		
SUITE 208	ERSITY BLVD N VILLE, FL 32277	US	SUITE 21	VERSITY BL' 5 VVILLE, FL 3		
	•			,		
FEI Number:	84-1313602	FEI Number Applied For()	FEI Number Not Ap	plicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
SWENSON, ERIC 3536 UNIVERSITY BLVD.#208 JACKSONVILLE, FL 32277 US				SWENSON, ERIC 3536 UNIVERSITY BLVD.#215 JACKSONVILLE, FL 32277 US		
The above in the State		omits this statement for the	ourpose of changing	its registere	d office or registered agent, or bo	oth,
SIGNATURE:				03/15/2004		
	Electronic	Signature of Registered Ag	ent		Date	_
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () De SWENSON, ERIC 3536 UNIVERSITY JACKSONVILLE, F	D BLVD N #208	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	T () De SWENSON, DONN 3536 UNIVERSITY JACKSONVILLE, F	A J BLVD N #208	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () De GREEN, HARRY C 825 S. CABLE RO LIMA, OH 45805		Title: Name: Address: City-St-Zip:	D MCCASKILL 803 N. MYR JACKSONVI		

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: ERIC SWENSON PD 03/15/2004