

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 13, 2004  
Secretary of State**

DOCUMENT# F00000006125

Entity Name: ACANTHUS, INC.

**Current Principal Place of Business:**

3524 W PAUL AVE  
TAMPA, FL 33611

**New Principal Place of Business:**

**Current Mailing Address:**

3524 W PAUL AVE  
TAMPA, FL 33611

**New Mailing Address:**

FEI Number: 22-2426715      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PLOCH, RICHARD ALLAN  
3524 W PAUL AVE  
TAMPA, FL 33611

**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: CP ( ) Delete  
Name: WILLS, G. BENJAMIN  
Address: 541 CRESTVIEW  
City-St-Zip: COLUMBUS, OH 43202

Title: VT ( ) Delete  
Name: BRADY, DONNA E  
Address: 440 OLYMPIA DRIVE  
City-St-Zip: SEASIDE, CA 93955

Title: DV ( ) Delete  
Name: PLOCH, RICHARD ALLAN  
Address: 3524 W PAUL AVE  
City-St-Zip: TAMPA, FL 33611

Title: DS ( ) Delete  
Name: DUGAN, ROBIN  
Address: 1914 TUMBLEWEED DRIVE  
City-St-Zip: HOLIDAY, FL 34690

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RICHARD ALLAN PLOCH

DV

03/13/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date