


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 91083 001 \*\*\*476.25

<b>DOCUMENT # F02000000834</b> 1. Entity Name <b>SUWANNEE AMERICAN (2000) INC.</b>					
Principal Place of Business <b>5117 U.S. HWY 27 BRANFORD, FL 32008</b>			Mailing Address <b>PO BOX 1829 LAKE CITY, FL 32056</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>51-0407769</b>	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BROOM, DENISE W 2 GUERDON ROAD LAKE CITY, FL 32056</b>				7. Name and Address of New Registered Agent Name <b>BRIAN P. SCHREIBER</b> Street Address (P.O. Box Number is Not Acceptable) <b>2 GUERDON ROAD</b> City <b>LAKE CITY, FL</b> Zip Code <b>32055</b>	
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 <u><i>Brian P. Schreiber</i></u> <b>BRIAN P. SCHREIBER</b> DATE <u>4/15/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC ANDERSON, JOE H JR. HWY 349 NORTH, P.O. BOX 38 OLD TOWN, FL 32680	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MONTGOMERY, FRANKLIN 90 BROAD STREET, 19TH FLOOR NEW YORK, NY 10004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DIRECTOR BRIAN P. SCHREIBER 2 GUERDON ROAD LAKE CITY, FL 32056-1829</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Brian P. Schreiber</i></u> <b>BRIAN P. SCHREIBER</b> <b>DIRECTOR</b> DATE <u>4/15/04</u> DAYTIME PHONE # <u>386 152-7585</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**66420803**



04152004 Chg-P CR2E034 (10/03)