


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000000064</b> 1. Entity Name KANAWHA MARKETING GROUP, INC.	
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Principal Place of Business 210 SOUTH WHITE STREET LANCASTER, SC 29720	Mailing Address 210 SOUTH WHITE STREET LANCASTER, SC 29720
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**DO NOT WRITE IN THIS SPACE**



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-4226048	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>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	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO JOHNSON, STANLEY D 1437 WESTMORELAND DR LANCASTER, SC 29720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CHITWOOD, JOHN 11991 HIDDEN LINKS DR FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MEARS, MARCUS 1723 SILVER WOOD DR FORT MILL, SC 29715
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS HIGGINS, LARRY W 1871 TARA TRAIL LANCASTER, SC 29720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTD MATTHEWS, ROBERT 1971 TARA TRAIL LANCASTER, SC 29720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000008536  
01/20/04-80065-013 150.00

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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)(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:**  **Larry W. Higgins** 800-635-4252 1/15/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #