## . 2004 FOR PROFIT CORPORATION

## ANNUAL REPORT

DOCUMENT # F03000001297

BABINGTON ENTERPRISES, INC.

Mailing Address

Principal Place of Business 1113 INGLESIDE AVENUE MCLEAN, VA 22101

1113 INGLESIDE AVENUE MCLEAN, VA 22101

## **FILED** Jul 14, 2004 08:00 AM **Secretary of State**



DO NOT WRITE IN THIS SPACE

07092004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 54-1774480 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAGUE, WILLIAM H 1146 GAGE AVENUE DELTONA, FL 32738-7127

## 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					
FILE NOW!!! FEE IS \$150.00  Due by September 8, 2004  9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PC BABINGTON, ROBERT S 1113 INGLESIDE AVENUE MCLEAN, VA 22101				(000000166223 07/14/04-80009-001 155.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR H. HAGUE <u> 386-228-4177</u>