
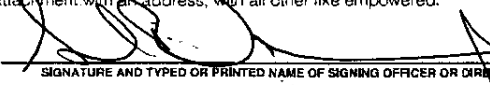


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90080 048 \*\*\*150.00

<b>DOCUMENT # F22874</b>					
1. Entity Name <b>VANN'S ENTERPRISES, INC.</b>					
Principal Place of Business 131 W. DUVAL ST LAKE CITY, FL 32055			Mailing Address 131 WEST DUVAL STREET LAKE CITY, FL 32055		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01052004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number <b>59-2055355</b> Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VANN, SAMUEL P, JR. 831 S.W. ALAMO DRIVE LAKE CITY, FL 32025			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VANN, SAMUEL P. JR.	NAME			
STREET ADDRESS	131 W. DUVAL ST	STREET ADDRESS			
CITY-ST-ZIP	LAKE CITY, FL	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VANN, MARC A.	NAME			
STREET ADDRESS	131 W DUVAL ST	STREET ADDRESS			
CITY-ST-ZIP	LAKE CITY, FL	CITY-ST-ZIP			
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VANN, WILMA E	NAME			
STREET ADDRESS	131 W DUVAL ST	STREET ADDRESS			
CITY-ST-ZIP	LAKE CITY, FL	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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)(c), 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: 		4-7-04		386 752 3420	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	