


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 10, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F65780</b> 1. Entity Name ILLINI ENTERPRISES, INC.	
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Principal Place of Business C/O JERRY D. MCGREAL 1824 SOUTH FISKE BLVD. ROCKLEDGE, FL 32955	Mailing Address C/O JERRY D. MCGREAL 1824 SOUTH FISKE BLVD. ROCKLEDGE, FL 32955
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05062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2532439	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MCGREAL, JERRY D 1824 SOUTH FISKE BLVD. ROCKLEDGE, FL 32955	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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-ST-ZIP	DP MCGREAL, JERRY D 1025 FAIRLAWN DR ROCKLEDGE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KNUDSON, JAMES I 1275 ST ANDREWS DR ROCKLEDGE, FL 00000,
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**DO NOT WRITE  
IN THIS SPACE**

U00000159297  
05/10/04-80024-011 150.00

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:**

*ILLINI ENTERPRISES, INC.*  
*5/10/04 324-631-2819*  
\_\_\_\_\_  
Signature, typed or printed name of signing officer or director Date Daytime Phone #