

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000000720

FILED
Jul 09, 2004
Secretary of State

Entity Name: NATIONAL DIVERSIFIED SALES, INC.

Current Principal Place of Business:

851 N HAVARD AVE
LINDSAY, CA 93247 US

New Principal Place of Business:

Current Mailing Address:

851 N HAVARD AVE
LINDSAY, CA 93247 US

New Mailing Address:

FEI Number: 95-3332340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITTLE, JIM
4110 MERCY INDUSTRIAL COURT
ORLANDO, FL 328083811 US

Name and Address of New Registered Agent:

GUMMESON, MICHAEL CEO
4110 MERCY INDUSTRIAL COURT
ORLANDO, FL 328083811 US

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.

SIGNATURE: MICHAEL GUMMESON

07/09/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BABCOCK, BOB
Address: P.O. BOX 339
City-St-Zip: LINDSAY, CA 93292

Title: S () Delete
Name: NEWBOLD, ROB
Address: 1325 MORRIS DR STE 205
City-St-Zip: WAYNE, PA 19087

Title: T () Delete
Name: WHITTLE, JIM
Address: P.O. BOX 339
City-St-Zip: LINDSAY, CA 93247

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: BABCOCK, BOB
Address: P.O. BOX 339
City-St-Zip: LINDSAY, CA 93292

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: GUMMESON, MICHAEL
Address: P.O. BOX 339
City-St-Zip: LINDSAY, CA 93247

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL GUMMESON

P

07/09/2004

Electronic Signature of Signing Officer or Director

Date