2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 15, 2004 8:00 am Secretary of State

NAME DAVIS, LARRY STREET ADDRESS 1501 S.E. 4TH ST., #E CITY-ST-ZIP MOORE, OK 731608231 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP NAME DOVIS, LARRY 2804 SW121St St 2804 SW121St St OKlahuma, Crty, OK 73170	licable
Suite, Apt. #, etc. Cly & State Cly & State Cly & State Country Country Country Country S. Certificate of Status Desired Fee Required Fee Required Fee Required Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Street Address of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent and title it applicable File Now!!! FEE IS \$150.00 Due by September 8, 2004 Policies Campaign Financing Trust Fund Contribution. Signature, bees or pirited invined registered agent and stell applicable Fruit Fund Contribution. Signature, bees or pirited invined registered agent and stell applicable File Now!!! FEE IS \$150.00 Due by September 8, 2004 Signature, bees or pirited invined registered agent and stell applicable Fruit Fund Contribution. Signature, bees or pirited invined registered agent and stell applicable Fruit Fund Contribution. Added to Fees Corporation did not receive the prior notice Title DAVIS, LARRY STREET ADDRESS Signature, Signat	licable
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent. SIGNATURE Signuture, byeed or printed name erreg stered agent and their applicable	
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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 a the obligations of registered agent. SIGNATURE Signature, hybeor or printed name of registered agent and titlo if applicable. (NOTE: Registered Agent signature required when reinstating): 1.1. DATE	ccept
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 a the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registrore) Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 9. Election Campaign Financing Trust Fund Contribution. Added to Fees In accordance with s. 607.193(2)(b), F.S. corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS-IN 1 TITLE DAVIS, LARRY STREET ADDRESS CITY-ST-ZIP MOORE, OK 731608231 Delete ITILE Delete ITILE Change	ccept
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12. I hereby certify that, the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(3)(i), Florida Statutes. I further certify that the information sinclicated on this report or supplemental report is type 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

6/10/04 405-799-9974