


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000002533
1. Entity Name
SECTION 16000, INC.



Principal Place of Business
2700 PLAZA DR.
ENTERPRISE, AL 36330 US

Mailing Address
PO BOX 311147
ENTERPRISE, AL 36331-1147 US



01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-1118890

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE ACCESS, INC.
236 EAST 6TH AVE
TALLAHASSEE, FL 32303

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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 _____ DATE _____
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TAUNTON, DONALD E
STREET ADDRESS	6370 LOVELADY RD.
CITY-ST-ZIP	DADEVILLE, AL 36853
TITLE	V
NAME	BREYER, DONALD R
STREET ADDRESS	527 CO RD 724
CITY-ST-ZIP	ENTERPRISE, AL 36330
TITLE	T
NAME	TANNER, LARRY D
STREET ADDRESS	RT 1 BOX 109
CITY-ST-ZIP	HARTFORD, AL 36344
TITLE	V
NAME	SATOR, WENDY N
STREET ADDRESS	5648 HWY 27
CITY-ST-ZIP	ENTERPRISE, AL 36330
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(7), 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: Wendy N. Sator 1-15-04 334 347-2879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #