


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000003720 1. Entity Name FLORIDA ARCHWAY, INC.	
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Principal Place of Business 400 N. ASHLEY DR SUITE 1900 TAMPA, FL 33602	Mailing Address 400 N. ASHLEY DR SUITE 1900 TAMPA, FL 33602
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3456277	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VON HORN, BRENT N 100 NO TAMPA STE 3100 TAMPA, FL 33602	DO NOT WRITE IN THIS SPACE
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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 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORN, ROBERT G 400 N. ASHLEY DR, #1900 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVST TIDWELL, STEVEN A 400 N. ASHLEY DR, #1900 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCA PRICE, JAMES D 400 N. ASHLEY DR, #1900 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCS SHAFFER, STEPHEN M 400 N. ASHLEY DR, #1900 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVGA VON HORN, BRENT 400 N. ASHLEY DR, #1900 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000035308
02/06/04-80036-022 150.00

**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)(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:  **Brent N. Von Horn, SVF 1-7-04 813/225-4650**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #