

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004401

FILED
Apr 27, 2004
Secretary of State

Entity Name: CARRIAGE HILL BRANDS INC.

Current Principal Place of Business:

900 8TH STREET
COLUMBUS, GA 319012687

New Principal Place of Business:

900 8TH STREET
COLUMBUS, GA 319012687 US

Current Mailing Address:

PO BOX 60
ATTN: TAX DEPARTMENT
COLUMBUS, GA 319020060 US

New Mailing Address:

FEI Number: 58-2386215 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: DIVIN, ROLLAND G
Address: 900 8TH STREET
City-St-Zip: COLUMBUS, GA 319012867 US

Title: SVPD () Delete
Name: BARKER, GERALD R
Address: 900 8TH STREET
City-St-Zip: COLUMBUS, GA 319012867

Title: ST () Delete
Name: SANDERS, SHARON
Address: 900 8TH STREET
City-St-Zip: COLUMBUS, GA 319012867

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SVPD (X) Change () Addition
Name: BARKER, GERALD R
Address: 900 8TH STREET
City-St-Zip: COLUMBUS, GA 319012867 US

Title: ST (X) Change () Addition
Name: SANDERS, SHARON M
Address: 900 8TH STREET
City-St-Zip: COLUMBUS, GA 319012867 US

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: SHARON M SANDERS

ST

04/27/2004

Electronic Signature of Signing Officer or Director

_____ Date