

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G03253

FILED
Jan 11, 2004
Secretary of State

Entity Name: MISS NATIONAL PRE-TEEN CORPORATION

Current Principal Place of Business:

214 FIFTH AVE.
LEHIGH ACRES, FL 33936

New Principal Place of Business:

214 FIFTH AVE.
LEHIGH ACRES, FL 33972

Current Mailing Address:

214 FIFTH AVE.
LEHIGH ACRES, FL 33936

New Mailing Address:

214 FIFTH AVE.
LEHIGH ACRES, FL 33972

FEI Number: 59-2226529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORGAN, JOHN M
302 LEE BLVD
STE 102
LEHIGH ACRES, FL 33936 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: PTD () Delete
Name: WALLIN, JAMES W.,
Address: 214 5TH AVENUE
City-St-Zip: LEHIGH ACRES, FL 33972 US

Title: VSD () Delete
Name: WALLIN, JEANNE M.,
Address: 214 5TH AVENUE
City-St-Zip: LEHIGH ACRES, FL 33972 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JAMES W. WALLIN

PRES

01/11/2004

Electronic Signature of Signing Officer or Director

Date