


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90563 025 ***150.00

DOCUMENT # G07397		
1. Entity Name ATLANTIC SOUTHERN PRODUCTIONS, INC.		
Principal Place of Business 8950 SILKWOOD CT. SARASOTA FL 34238 US		Mailing Address PO BOX 1299 OSPREY FL 34229 US

24054876



MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2244677		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
STANLEY E MARABLE 677 N WASHINGTON BLVD SUITE 2 SARASOTA FL 34236				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				FL		Zip Code	

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PVD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WINDER, WILLIAM RAY, JR.			NAME			
STREET ADDRESS	8950 SILKWOOD CT.			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARKER, DIANE A'DELL			NAME			
STREET ADDRESS	5732 AUGUSTA CT			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34238			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WINDER, WILLIAM RAY, III			NAME			
STREET ADDRESS	309 15TH AVE NW			STREET ADDRESS			
CITY-ST-ZIP	RUSKIN FL 33570			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: William R. Winder **William R. Winder** 4.23.04 (941) 918-0638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #