2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 24, 2004 08:00 AM -Secretary of State **DOCUMENT # G58084** BAUGH HOLDING CORPORATION, INC. Principal Place of Business Mailing Address P.O. BOX 188 P.O. BOX 188 EUSTIS, FL 32727-0188 US EUSTIS, FL 32727-0188 US No Cha-P CR2E034 (10/03) 01082004 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2484424 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BAUGH, M GENE 2815 HWY 44 W EUSTIS, FL 32727 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS SD TITLE BAUGH, DANIEL L NAME STREET ADDRESS 2303 ORANGE AVE CITY-ST-ZIP EUSTIS, FL U00000012978 TITLE 01/26/04-80033-012 150.00 BAUGH, GENE STREET ADDRESS 2815 HWY 44 W EUSTIS, FL CITY-ST-ZIP 00000, 32727 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/04 (552) 357- 1360

FILED