

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # G88405 1. Entity Name MEHAFFCO, INC.			
Principal Place of Business 2868 WHISPERBAY BLVD. GULF BREEZE, FL 32563		Mailing Address 2868 WHISPERBAY BLVD. GULF BREEZE, FL 32563	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent MEHAFFEY, CHARLES STEVEN 2868 WHISPERBAY BLVD. GULF BREEZE, FL 32561-2655		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		4000000051428 02/16/04-80051-009 150.00	
TITLE NAME STREET ADDRESS CITY ST ZIP	D MEHAFFEY, MARGARET SUE 2868 WHISPERBAY BLVD. GULF BREEZE, FL		
TITLE NAME STREET ADDRESS CITY ST ZIP	DP MEHAFFEY, CHARLES STEVEN 2868 WHISPERBAY BLVD. GULF BREEZE, FL		
TITLE NAME STREET ADDRESS CITY ST ZIP	DO NOT WRITE IN THIS SPACE		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/7/04 850-712-6537 <small>Date Daytime Phone #</small>	