


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # H30849 1. Entity Name THE PAXEN GROUP, INC.	
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Principal Place of Business 710 ATLANTIS RD MELBOURNE, FL 32904 US	Mailing Address 710 ATLANTIS RD MELBOURNE, FL 32904 US
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2495345	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GENTRY, BARRY L. 710 ATLANTIS RD MELBOURNE, FL 32904

**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 _____ (NOTE: Registered Agent signature required when rechartering) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCT HIGGS, PATRICK 710 ATLANTIS RD MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HIGGS, PHILIP E. 2951 ARMSTRONG VALLEY RD MURFREESBORO, TN 37128
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HIGGS, NANCY 710 ATLANTIS RD MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GENTRY, BARRY 710 ATLANTIS RD MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV BOWDEN, SUSAN 2834 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV DAVIS, SANDY B 1403 TAFT HWY, SUITE 3 SIGNAL MOUNTAIN, TN

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01/08/04-80013-009 158.75

**DO NOT WRITE
IN THIS SPACE**

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:  President 1/6/04 321-724-1033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #