2004 FOR PROFIT CORPORATION

CITY-ST-ZIP

SIGNATURE:X

FILED **ANNUAL REPORT** Feb 17, 2004 08:00 AM Secretary of State DOCUMENT # H75840 VAUGHAN & VAUGHAN ASSOCIATES, INC. Principal Place of Business Mailing Address 1620 COMBEE ROAD 1620 COMBEE ROAD LAKELAND, FL 33801 LAKELAND, FL 33801 No Chg-P CR2E034 (10/03) 01212004 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2697951 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VAUGHAN, ROD L. DO NOT WRITE 1620 S. CÓMBEE RD LAKELAND, FL 33801 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 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 U00000055391 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 02/17/04-80036-014 150.00 OFFICERS AND DIRECTORS 10. TITLE VAUGHAN, ROD NAME STREET ADDRESS 1620 S. COMBEE RD CITY-ST-ZIP LAKELAND, FL 33801 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

TED NAME OF SIGNING OFFICER OR DIRECTOR