2004 FOR PROFIT CORPORATION ANNUAL REPORT

	MENT # J19434	FILED						
1. Entity Name DAFFIN SUPPLY COMPANY				04 JUN - 1 AM 10: 15				
Principal Place of Business Mailing Address 401 W. 6TH ST. PO BOX 1639 PANAMA CITY, FL 32401 PANAMA CITY, FL 32401		00 VT 18	T	SECRETARY (ALLAHASSEE	DE STATE (, ELONIO)			
			,					
				03112003 No Chg-P CR2E034 (10/03)				
DO NOT WRITE IN THIS SPACE			CE	4. FEI Numbe 59-2937			Applied For	
					of Status Desired		Not Applicable 5 Additional	
· · · - =	6. Name and Address of Current Reg		COST CONTRACTOR		Fee R	equired		
DAFFIN, E 330 S. BO PANAMA		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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
10.	OFFICERS AND DIR	ECTORS	1					
NAME STREET ADDRESS CITY-ST-ZIP	DAFFIN, EDGÅR O. 330 S. BONITA AVE PANAMA CITY, FL	300037805063						
TITLE NAME				06/09/0401065008 **150.00				
STREET ADDRESS								
CITY-ST-ZIP TITLE	7.				* .*			
NAME STREET ADDRESS	ranto de la car actera de la compansión	er jaar een een een een een een een een een ee	gur a e <u>sepunda Ceus</u> as. E	, 1 ₉₈ , 1 ₀₈ ,	را جهار الطقعة، الأولاد الإربيتيات. - الأنواد المستشدية	aria da Ma <mark>nderia de Maria</mark> Nota	or the same soften	
CITY-ST-ZIP				DO	NOT WE	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		··		"IN T	THIS SPA	ACE		
TITLE .	6	-			A.4		ĺ	
STREET ADDRESS	; ;			•				
TITLE	i l	<u> </u>	ł					
NAME	1	Tenge Manager					•	
STREET ADDRESS CITY-ST-ZIP	я	O.A.B.	د د					
12. I hereby of indicated of the correction of the corrections of the	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empower or on an attachment with an address, with	filing does not qualify for the exec e and accurate and that my signal ed to execute this report as required all other like empowered.	mption stated in Sec ture shall have the s red by Chapter 607	ction 119.07(3)(i ame legal effect , Florida Statutes), Florida Statutes. I fu as if made under oat s; and that my name a	arther certify that th; that I am an a appears in Block	the information officer or director 10 or Block 11 if	