


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91016 032 ***150.00

DOCUMENT # J35162	
1. Entity Name GODS WILL, INC.	

Principal Place of Business 101 BIG OAK DRIVE CANTONMENT, FL 32533	Mailing Address 101 BIG OAK DRIVE CANTONMENT, FL 32533
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J4U01419



2. Principal Place of Business 1010 Big OAK Lane Suite, Apt. #, etc. Cantonment City & State FL Zip 32533	3. Mailing Address 1010 Big OAK Lane Suite, Apt. #, etc. Cantonment City & State FL Zip 32533
Country ESCAMBIA	Country ESCAMBIA

04232004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2723044	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MINTON, LOIS Y. 1017 FLEMING DRIVE PENSACOLA, FL 32514
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1010 Big OAK Lane City Cantonment FL Zip Code 32533

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 Lois Y. Minton <small>Signature, typed or printed name of registered agent and title if applicable.</small>	Lois Y. Minton <small>(NOTE: Registered Agent signature required when reinstating)</small>	4/24/04 <small>DATE</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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINTON, DANIEL B. 101 BIG OAK DRIVE CANTONMENT, FL 32533 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MINTON, LOIS Y. 101 BIG OAK DRIVE CANTONMENT, FL 32533 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINTON, DANIEL B., JR. 718 DEEDRA AVENUE PENSACOLA, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Minton, Daniel B. 1010 Big OAK Lane Cantonment FL 32533 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Minton Lois Y. 1010 Big OAK Lane Cantonment, FL 32533 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lois Y. Minton <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Lois Y. Minton <small>Date</small>	4/24/04 <small>Daytime Phone #</small>	850-471-0556
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