

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J96859

FILED
Jan 09, 2004
Secretary of State

Entity Name: DISPUTE MANAGEMENT, INC.

Current Principal Place of Business:

1000 S ORLANDO AVENUE A-7
MAITLAND, FL 32751 US

New Principal Place of Business:

735 YALE ROAD
DELAND, FL 32724 US

Current Mailing Address:

1000 S ORLANDO AVENUE A-7
MAITLAND, FL 32751 US

New Mailing Address:

4409 HOFFNER AVENUE
#345
ORLANDO, FL 32812 US

FEI Number: 59-2881858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRAWN, DAVID U., ESQ.
1000 S ORLANDO AVENUE A-7
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

STRAWN, DAVID U., ESQ.
735 YALE ROAD
DELAND, FL 32724 US

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.

SIGNATURE:

01/09/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STRAWN, DAVID U.
Address: 1000 S ORLANDO AVENUE A-7
City-St-Zip: MAITLAND, FL 32751

Title: PD () Delete
Name: STRAWN, FRANCES
Address: 1000 S ORLANDO AVENUE A-7
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STRAWN, DAVID U.
Address: 735 YALE ROAD
City-St-Zip: DELAND, FL 32724

Title: PD (X) Change () Addition
Name: STRAWN, FRANCES
Address: 735 YALE ROAD
City-St-Zip: DELAND, FL 32724

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCES F. STRAWN

PD

01/09/2004

Electronic Signature of Signing Officer or Director

Date