


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90724 047 ***150.00

DOCUMENT # K68813	
1. Entity Name SUNSET BAYOU POND, INC.	

Principal Place of Business 4840 MINNETONKA ST PENSACOLA FL 32526 US	Mailing Address 4840 MINNETONKA ST PENSACOLA FL 32526 US
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2. Principal Place of Business 7639 MOBILE HWY Suite, Apt. #, etc.	3. Mailing Address 7639 MOBILE HWY Suite, Apt. #, etc.
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City & State PENSACOLA FL	City & State PENSACOLA FL
Zip 32526	Zip 32526
Country USA	Country USA

	
MOORE	CR2E034 (11/03)
4. FEI Number 59-3013446	Applied For <input type="checkbox"/> Not Applicable

6. Name and Address of Current Registered Agent CALLAWAY, RICHARD 4840 MINNETONKA ST PENSACOLA FL 32526	7. Name and Address of New Registered Agent Name CALLAWAY, ROBERT T. Street Address (P.O. Box Number is Not Acceptable) 7639 MOBILE HWY City PENSACOLA FL Zip Code 32526
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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 *Robert T. Callaway* **ROBERT T. CALLAWAY** **4/06/04**
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 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLAWAY, JAMES H. 14251 GORHAM RD PENSACOLA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLAWAY, RICHARD C. 6851 CEDAR LAKE DR. PENSACOLA FL 325 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLAWAY, ROBERT L. 7639 MOBILE HWY PENSACOLA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLAWAY, RICHARD 4840 MINNETONKA PENSACOLA FL <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 another like empowered.

SIGNATURE: *Robert T. Callaway* **ROBERT T. CALLAWAY** **4/06/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **802-944-7153** Daytime Phone #