


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L74892 1. Entity Name FLORIDA PLANT EMPLOYEES SOCIAL CLUB, INCORPORATED		
Principal Place of Business % EUGENE F. SHAW HWY 230 EAST, P.O. BOX 753 STARKE, FL 32091	Mailing Address % EUGENE F. SHAW HWY 230 EAST, P.O. BOX 753 STARKE, FL 32091	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BOATWRIGHT, SHELBY 7944 NW CR 225 STARKE, FL 32091		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMILTON, LORAIN PO BOX 735 STARKE, FL 32091	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOUGLAS, EVAN P.O. BOX 753 N/A STARKE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOATWRIGHT, SHELBY RT. 2 BOX 2238 STARKE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINNEY, DANNY PO BOX 735 STARKE, FL 32091	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3067334	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/08/04-SUD10-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Shelby Boatwright Shelby Boatwright 1-2-04 904-964-1229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #