2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L78383

1. Entity Name FYDOR, INC.

Principal Place of Business

350 GALLOWAY RD. LAKELAND, FL 33815 Mailing Address

P.O. BOX 3160 LAKELAND, FL 33802

FIEED Jul 12, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

07072004

No Chg-P

CR2E034 (10/03).

4. FEI Number 59-3015517

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KENNEDY, FREDERICK JAMES 3115 PROVIDENCE RD LAKELAND, FL 33805

DO NOT WRITE IN THIS SPACE

| | | | 1 | | |
|--|---|------|----------|--------------------------------|--|
| 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 Sometime, wood or provided name of readstand agent and take 4 applicable INDTE: Readstand Applit sometime required when removating). DATE | | | | | |
| Signature, typed or printed name of registered agent and trie if applicable PNOTE: Registered Agent signature required when rensiating). DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 9. Election Campaign File Due by September 8, 2004 7rust 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 DIREC | TORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD KENNEDY, FREDERICK JAMES 3115 PROVIDENCE RD LAKELAND, FL 33805 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CT KENNEDY, NORMA MONIQUE 3115 PROVIDENCE ROAD LAKELAND, FL 33805 | | | | 000000165884 07/12/04-80030-022 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ' | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | - | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _ | , | | | |
| 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 wither 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 | | | | | |