2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

DOCUMENT# L85287

Entity Name: ADMIN. 2000, INC.

Current Principal Place of Business:

95 WENTWOOD DRIVE
DEBARY, FL 32713 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 531018
DEBARY, FL 32753 US

New Mailing Address:

FEI Number: 59-3016199 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NAULT, JOSEPH A.
95 WENTWOOD DR.
DEBARY, FL 32715

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NAULT, JOSEPH,
Address: 95 WENTWOOD DR.
City-St-Zip: DEBARY, FL 32713

Title: V ( ) Delete
Name: NAULT, SHARON A
Address: 95 WENTWOOD DR.
City-St-Zip: DEBARY, FL 32713

Title: D ( ) Delete
Name: ANDERSON, WILLIAM A
Address: 5824 OAKS AVE
City-St-Zip: SUPERIOR, WI

Title: D ( ) Delete
Name: SCHNETZER, DEBORAH
Address: 5598 BUNKY WAY
City-St-Zip: DUNWOODY, GA 30338

Title: D ( ) Delete
Name: NAULT, MARC
Address: 6005 BERMUDA DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: D ( ) Delete
Name: TILLS, JAMES J
Address: 91 WENTWOOD DRIVE
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOSEPH A. NAULT P 04/19/2004

Electronic Signature of Signing Officer or Director Date