2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)								rıț,	LD		
DOCUMENT # N00000083153. 1. Entity Name THE DISCUSS FUND INC.						Feb 02, 2904 08:00 AM Secretary of State					
THE DUC	HESS FUND, INC.				7		8				
Principal Plac	e of Business	Mailing ,	Address			_					
408 - 14TH RUSKIN FL	STREET S.W. 33570		4TH STREET S.W I FL 33570	f.			1 1ME(11#7 S)	5 54 33 58 111 88111 88 111 8	autt autir anını		55 365 in a 1 00 07
2. Principal Place of Business		3. Mailin	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt #, etc				M	OORE	CR2E037	(11/03)	
City & State		City	City & State				4. FEI Number	59-3643018			plied For t Applicable
Zip	Country	Zip		Coul	ntry 		5. Certificate of S	tatus Desired		88.75 Add ee Required	
	6. Name and Address of Cur	rent Registered	Agent		1/		7. Name and Add	dress of New Re	egistered A	gent	
BAKER, BARBARA					Name						_
408	- 14TH STREET S.W. SKIN FL 33570					ldress (F	O. Box Number is	Not Acceptable) 		
					- <u>-</u> -		··· -				
0.71					City				FL	Zip Code	
the obligat	named entity submits this statementons of registered agent.	int for the purpos	e of changing its re	egistere	d office or r	registere	ed agent, or both, in	the State of Flo	rida. I am fa	amiliar with,	and accept
SIGNATURE						_					
	Signature, typed or privated name of registered	agent and rite it noblic	able (NOTE 9	Registered	Agent signalure	ne reguired	when reinstalling)		DATE		 -
	FILE NOW: FEE IS \$61.25	agent and rite if notifical	9. Election Camp	paign Fi	nancing			1		Payable	to
	FILE NOW: FEE IS \$61.25 Due By May 1, 2004		<u> </u>	oaign Fi Intributio	nancing		\$5.00 May Be Added to Fees	Mai Florid	ke Check la Departi	Payable ment of S	itate
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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 617, 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: Ballou C Bake BARBARA C. BAKER 2-1-04 8/3-641-1278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Design of Trans.