


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000007617</b> 1. Entity Name ROUTE HAWGS, INC.	
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Principal Place of Business 21977 TOM RAY RD. SANDERSON, FL 32087	Mailing Address P. O. BOX 1553 GLEN ST. MARY, FL 32040
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08262004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3684864	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  FISH, FREEMAN L 145 E. MACCLENNEY AVE. MACCLENNEY, FL 32063
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**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 reappointing)</small>	DATE
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<b>Filing Fee is \$61.25 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHMITZ, DENNIS JR. P. O. BOX 1553 GLEN ST. MARY, FL 32040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TUTTLE, LON A 4170 ROLLINGWOOD CT JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PATTERSON, ANITA P. O. BOX 1553 GLEN ST. MARY, FL 32040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BUFORD, ROY 9 REDTOP RD MACCLENNEY, FL 32063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000171006  
08/27/04-80001-019 61.25

**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)(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.

<b>SIGNATURE:</b> <u>Anita Patterson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>8-26-04</u> <small>Date</small>	<u></u> <small>Daytime Phone #</small>
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