
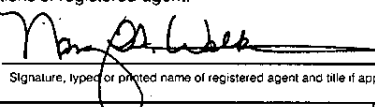



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90214 046 \*\*\*\*61.25

<b>DOCUMENT # N03000001743</b> 1. Entity Name <b>FLORIDIANS FOR GOOD GOVERNMENT, INC.</b>					
Principal Place of Business <b>450 E. LAS OLAS BLVD., SUITE 700 FORT LAUDERDALE, FL 33301</b>			Mailing Address <b>450 E. LAS OLAS BLVD., SUITE 700 FORT LAUDERDALE, FL 33301</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>43-2004191</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>MACK, CONNIE 450 E. LAS OLAS BLVD., SUITE 700 FORT LAUDERDALE, FL 33301</b>				7. Name and Address of New Registered Agent Name <b>NANCY H. WATKINS</b> Street Address (P.O. Box Number is Not Acceptable) <b>610 S. BOULEVARD</b> City <b>TAMPA</b>	
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.				FL Zip Code <b>33606</b>	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>4/26/2004</b>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACK, CONNIE <input checked="" type="checkbox"/> Delete 5931 NE 21 STREET FORT LAUDERDALE, FL 33308				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCAMY, WILL <input type="checkbox"/> Delete 1801 LEGION DRIVE WINTER PARK, FL 32789				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALDWELL, DEBBIE <input checked="" type="checkbox"/> Delete 107 CARLYLE DRIVE PALM HARBOR, FL 34683				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HESS, JOE 301 N. OCEAN BLVD #710 POMEROY BEACH, FL 33062					
T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STONE, JOHN 5701 BAYVIEW DR. FT. LAUDERDALE, FL 33302					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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:  <b>John M Stone II</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>4/28/04</b> Daytime Phone # <b>954-465-4542</b>					