


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

FILED
Sep 08, 2004 8:00 am
Secretary of State


09-08-2004 90206 021 ****61.25

DOCUMENT # N03000009340	
1. Entity Name MY FRIENDS PLACE, INC.	

Principal Place of Business 175 BEATY TAFF DRIVE CRAWFORDVILLE FL 32327	Mailing Address 175 BEATY TAFF DRIVE CRAWFORDVILLE FL 32327
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2. Principal Place of Business P.O. Box 155 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 155 Suite, Apt. #, etc.
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City & State CRAWFORDVILLE FL	City & State CRAWFORDVILLE FL
Zip 32327	Country USA

	
MOORE	CR2E037 (4/04)
4. FEI Number 20-0881466	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MUNROE, W. BRADLEY 239 EAST VIRGINIA STREET TALLAHASSEE FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW: FEE IS \$61.25 Due By September 8, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE CD	NAME TILLMAN, MARIANNE STREET ADDRESS 175 BEATY TAFF DRIVE CITY-ST-ZIP CRAWFORDVILLE FL 32327	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CD	NAME JOHNSON, JOANNA STREET ADDRESS 171 LEVEY BAY ROAD CITY-ST-ZIP PANACEA FL 32348	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD	NAME BURTON, ALY STREET ADDRESS 252 BOTTOM ROAD CITY-ST-ZIP PANACEA FL 32346	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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:  **MARIANNE TILLMAN** 9-1-4 926 9687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #