2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003824

FILED Apr 27, 2004 Secretary of State

Entity Name: MANUFACTURER'S ASSOCIATION OF HERNANDO COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

P. O. BOX 15091 P. O. BOX 15091

BROOKSVILLE, FL 346090112 US BROOKSVILLE, FL 346046852 US

Current Mailing Address: New Mailing Address:

P. O. BOX 15091 P. O. BOX 15091

BROOKSVILLE, FL 346090112 US BROOKSVILLE, FL 346046852 US

FEI Number: 59-3260451 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SEVALO, RANDY SEVALD, RANDY

16041 FLIGHT PATH DRIVE 16041 FLIGHT PATH DRIVE BROOKSVILLE, FL 34604 US BROOKSVILLE, FL 346046852 US

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: RANDY SEVALD 04/27/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: T () Delete Title: PP&D (X) Change () Addition

 Name:
 SEVALD, RANDY
 Name:
 SEVALD, RANDY

 Address:
 16041 FLIGHT PATH DRIVE
 Address:
 16041 FLIGHT PATH DRIVE

 City-St-Zip:
 BROOKSVILLE, FL 346046852 US
 City-St-Zip:
 BROOKSVILLE, FL 346046852 US

Title: PP () Delete Title: P&T (X) Change () Addition

 Name:
 CRAFT, JASON
 Name:
 FIELDER, JEFF

 Address:
 30167 POWER LINE RD
 Address:
 2131 BROAD STREET

 City-St-Zip:
 BROOKSVILLE, FL 34602
 City-St-Zip:
 BROOKSVILLE, FL 34604

Title: S () Delete Title: () Change () Addition

 Name:
 WITAKER, MARY L
 Name:

 Address:
 30167 POWER LINE RD
 Address:

 City-St-Zip:
 BROOKSVILLE, FL 34602
 City-St-Zip:

Name:GANDER, PATTIName:SIMS, DAVIDAddress:15470 FLIGHT PATH DRAddress:15538 AVIATION LOOP

Address: 15470 FLIGHT PATH DR Address: 15538 AVIATION LOOP
City-St-Zip: BROOKSVILLE, FL 34604 City-St-Zip: BROOKSVILLE, FL 34604

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF FIELDER P&T 04/27/2004