2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000741

FILED Apr 13, 2004 Secretary of State

Entity Name: MYSTIC ORDER OF BISCUITS OF ESCAMBIA COUNTY FLORIDA, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	CKENS ROAD					
E-105 PENSACO	LA BEACH, FL	32561				
Current Mailing Address:			New Maili	New Mailing Address:		
	CKENS ROAD					
E-105 PENSACO	LA BEACH, FL	32561				
FEI Number: 59-3346193 FEI Number Applied For () FEI Num			FEI Number Not Appl	icable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: N				Name and Address of New Registered Agent:		
KING, NANCY E 336 FT. PICKENS ROAD E-105 PENSACOLA BEACH, FL 32561						
The above in the State		ubmits this statement for the purp	oose of changing it	ts registered office or registered agent, or both,		
SIGNATURE:						
	Electronic	Signature of Registered Agent		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () [BLACKMON, SHI 4016 SATURN ST FLOWER MOUN	TREET	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	T () [TURNER, CATHY 2333 ARRIVISTE PENSACOLA, FL	WAY	Title: Name: Address: City-St-Zip:	T (X) Change () Addition WALSH, JOE 8242 NORTHPOINT BLVD. PENSACOLA, FL 32514		
Title: Name: Address: City-St-Zip:	D ()E BLACKMON, RO 1718 WHALEY A PENSACOLA, FL	VENUE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	S () [LANDRY, JO ALL 1821 REYTON D PENSACOLA, FL	R	Title: Name: Address: City-St-Zip:	S (X) Change () Addition SIMMONS, RHONDA 610 HAWKINS STREET PENSACOLA, FL 32534		
Title: Name: Address: City-St-Zip:	P ()[WATSON, DAN WHALEY AVENU PENSACOLA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	V ()[BLAKE, THADIUS 6223 CHABLIS L PENSACOLA, FL	ANE	Title: Name: Address: City-St-Zip:	V (X) Change () Addition BLAKE, THADIUS 610 HAWKINS STREET PENSACOLA, FL 32534		

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: NANCY E. KING AGT 04/13/2004