


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

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90723 045 \*\*\*\*61.25

**DOCUMENT # N98000005762**

1. Entity Name  
**TO THE NATIONS, INC.**



Principal Place of Business  
**2160 CHINOOK TR  
MAITLAND FL 32751**

Mailing Address  
**2160 CHINOOK TR  
MAITLAND FL 32751**

**34037106**



2. Principal Place of Business  
**2107 E. Kaley Ave. ORANGE FL**

3. Mailing Address  
**P.O. Box 941420 ORANGE FL**

Suite, Apt. #, etc.

MOORE CR2E037 (11/03)

City & State  
**ORLANDO FL.**

City & State  
**Maitland FL.**

Zip  
**32806**

Country  
**ORANGE**

Zip  
**32794-1420**

Country  
**ORANGE**

4. FEI Number  
**59-3540014**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BLYTHE, RICK H  
2160 CHINOOK TR  
MAITLAND FL 32751**

7. Name and Address of New Registered Agent

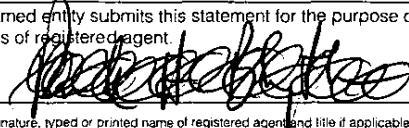

Name  
**BLYTHE, RICK H**

Street Address (P.O. Box Number is Not Acceptable)  
**2107 E. Kaley Ave**

City  
**ORLANDO**

FL Zip Code  
**32806**

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  DATE 

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

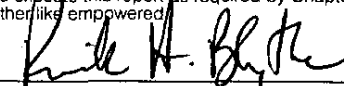
10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>BLYTHE, RICK H</b>	
STREET ADDRESS	<b>2160 CHINOOK TR</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>PRICE, STEVE</b>	
STREET ADDRESS	<b>1420 EDGEWATER DR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>BRYSON, TED</b>	
STREET ADDRESS	<b>1800 FORREST RD</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>HUCKLEBERRY, DERRICK</b>	
STREET ADDRESS	<b>PO BOX 940489</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32794-0489</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>HARRISON, RON</b>	
STREET ADDRESS	<b>3750 PLANTERS CREEK CR. W.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32224</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Raymond H. Lancaster</b>	
STREET ADDRESS	<b>225 FLAME Ave.</b>	
CITY-ST-ZIP	<b>Maitland FL. 32751</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Rick H. Blythe**  DATE: **4/15/04** DAYTIME PHONE #: **407-895-8634**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR