


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
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34037106



2. Principal Place of Business 2107 E. Kaley Ave. ORANGE	3. Mailing Address P.O. Box 941420 ORANGE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

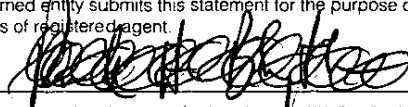

MOORE CR2E037 (11/03)

City & State ORLANDO FL.	City & State MAITLAND FL.
Zip 32806	Zip 32794-1420
Country ORANGE	Country ORANGE

4. FEI Number 59-3540014	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 BLYTHE, RICK H 2160 CHINOOK TR MAITLAND FL 32751	
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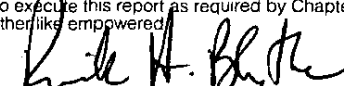
7. Name and Address of New Registered Agent	
Name BLYTHE, RICK H.	
Street Address (P.O. Box Number is Not Acceptable) 2107 E. Kaley Ave	
City ORLANDO	Zip Code FL 32806

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 

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Raymond H. Lancaster 225 Flame Ave. Maitland Fl. 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Rick H. Blythe 	4/15/04 407-895-8634 Date Daytime Phone #