## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000043008

Entity Name: POTTER'S HAND, INC.

City-St-Zip: ORLANDO, FL 32835

FILED Mar 22, 2004 Secretary of State

•		,		
Current Principal Place of Business:			New Principal Place of Business:	
P.O. BOX WINDERN	79 1ERE, FL 347	786		
Current Mailing Address:			New Mailing Address:	
P.O. BOX WINDERM	79 MERE, FL 347	786		
FEI Number	: 59-3646815	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
1201 HAYS	S STREET SSEE, FL 323		ournose of changing its registers	ed office or registered agent, or both,
in the State	named entity ∋ of Florida.	submits this statement for the p	purpose of changing its registere	d office of registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
Election Car	mpaign Financir	ng Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	JOHNSON, S	NISTER ABBEY BLVD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	JORDAN-JOH	NISTER ABBEY BLVD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	JOHNSON, AY 1695 KAY AVE		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	JOHNSON, NA	) Delete .EEM .NISTER ARREY BI VD	Title: Name: Address:	( ) Change ( ) Addition

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

City-St-Zip:

SIGNATURE: S. ATTAWAY JOHNSON DPS 03/22/2004