2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000069826

FILED Jan 05, 2004 Secretary of State

Entity Name: UNITED SPIRIT CORP. **Current Principal Place of Business: New Principal Place of Business:** 4581 NW 6 STREET STE H GAINESVILLE, FL 32609 **Current Mailing Address: New Mailing Address:** PO BX 15267 GAINESVILLE, FL 32604 FEI Number: 59-3659604 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: THORP, JAMES 170 SW 117 STREET GAINESVILLE, FL 32607 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PD () Delete Title: () Change () Addition THORP, JAMES Name: Name: 710 SW 117 ST Address: Address: City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: Title: VD Title: (X) Change () Addition () Delete Name: THORP, KELLEY Name: THORP, KELLEY 740 SW 117TH ST 710 SW 117TH ST Address: Address: GAINESVILLE, FL 32607 GAINESVILLE, FL 32607 City-St-Zip: City-St-Zip: () Delete (X) Change () Addition Title: VD Title: VD. BAGBY, DARRELL BAGBY, DARRELL Name: Name: 1024 SW 76 TERR 13065 NW 93RD LN Address: Address: City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: ALACHUA, FL 32615 Title: STD Title: () 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.

Name:

Address:

City-St-Zip:

VΡ SIGNATURE: RHETT LEWIS 01/05/2004

() Delete

181 FLORADANDY ROAD

HAWTHORNE, FL 32640

LEWIS, RHETT

Name:

Address:

City-St-Zip: