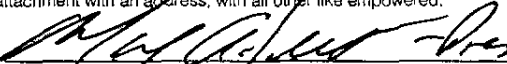


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000013365		
1. Entity Name VIKING MILLWORKS, INC.		
Principal Place of Business 1213 9TH TERR CAPE CORAL, FL 33990		Mailing Address 1205 S.E. 9TH TERRACE CAPE CORAL, FL 33990
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CORDELL, WALLY V CPA 8144 NEW JERSEY BOULEVARD FORT MYERS, FL 33912		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstalling)</small>
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000112601 04/14/04-80030-009 150.00
TITLE	PTD	DO NOT WRITE IN THIS SPACE
NAME	SOHOLT, MARK A	
STREET ADDRESS	3305 S.E. 1ST AVENUE	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	VSD	
NAME	SALVESEN, DONALD	
STREET ADDRESS	9121 SOUTHMONT COVE #103	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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 607, 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: 		3-31-04 239-574-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #