2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 26, 2004 08:00 AM Secretary of State

DOCUMENT # P01000013904 1. Entity Name GUNN HWY. AND 54, INC.				Secretary of State				
Principal Plac 14159 SR 5- ODESSA, FL	4	Mailing Address 14159 SR 54 ODESSA, FL 33556			JJ ARJEL IITIG KATJI KALIG RKIIT	##!#! ??### 17?!# ?#!!!	EE#)) ¥187387 1836	
D	OO NOT WRITE		01222004 4. FEI Numb 59-369		CR2E034 (1			
	6. Name and Address of Current Re	-	1 <u></u>					
	, MATTHEW D RPON SPRINGS RD FL 33556	DO NOT WRITE IN THIS SPACE						
5. 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 Signature, typed or printed name of rogistered agent and title if applicable. (NOTE Registered Agent signature required when refusating) DATE.								
After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00		.00 May Be led to Fees					
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSTD FULFORD, MATTHEW 14159 SR 54 ODESSA, FL 33556	RECTORS			U000 01/26/0	00013341 4-80050-(001 150.00	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	LE ME REET ADDRESS TY-ST-ZIP LE			DO NOT WRITE IN THIS SPACE				
STREET ADDRESS CITY-ST-ZIP			-					
NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		***	- Bridge Transportation			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			. ,	and the second second			- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 except 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 ethertike empowered.								
SIGNATURE: SIGNATURE AND TIPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylors Proper V								