


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90015 005 ***550.00

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DOCUMENT # P0100036828			
1. Entity Name 829 ACQUISITION & SALES, INC.			
Principal Place of Business 140 ATLANTIC CIR. TAVERNIER, FL 33070		Mailing Address 140 ATLANTIC CIR. TAVERNIER, FL 33070	
2. Principal Place of Business		3. Mailing Address <i>P.O. Box 1781</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>ISLAMORADA, FL.</i>	
Zip	Country	Zip <i>33036</i>	Country <i>MONROE</i>
4. FEI Number 08232004		Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCDANIEL, GRANGER 139 OCEAN VIEW DR TAVERNIER, FL 33070		7. Name and Address of New Registered Agent Name: <i>MCDANIEL, GRANGER</i> Street Address (P.O. Box Number is Not Acceptable): <i>121 OCEAN DR Apt I</i> City: <i>PLANTATION Key</i> FL Zip Code: <i>33070</i>	
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: _____ (NOTE Registered Agent signature required when reinstating) DATE: _____			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D MCDANIEL, GRANGER <input type="checkbox"/> Delete	TITLE	<i>MCDANIEL GRANGER</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, GRANGER	NAME	<i>121 OCEAN DR, Apt I</i>
STREET ADDRESS	139 OCEAN VIEW DR	STREET ADDRESS	<i>PLANTATION Key, FLA 33070</i>
CITY-ST-ZIP	TAVERNIER, FL 33070	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>[Signature]</i>		Date: <i>8/24/04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	