


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

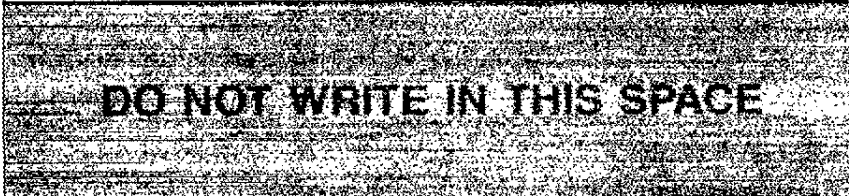
**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000059568**

1. Entity Name  
**GROUP IV INDUSTRIAL II, INC.**



Principal Place of Business <b>5605 FLORIDA MINING BLVD SOUTH          BUILDING 100 SUITE 11          JACKSONVILLE, FL 32257</b>	Mailing Address <b>5605 FLORIDA MINING BLVD SOUTH          BUILDING 100 SUITE 11          JACKSONVILLE, FL 32257</b>
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01212004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3728876</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BOATRIGHT, SCOTT R ESQ  
 4209 BAYMEADOWS RD, STE 4  
 JACKSONVILLE, FL 32217**



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.

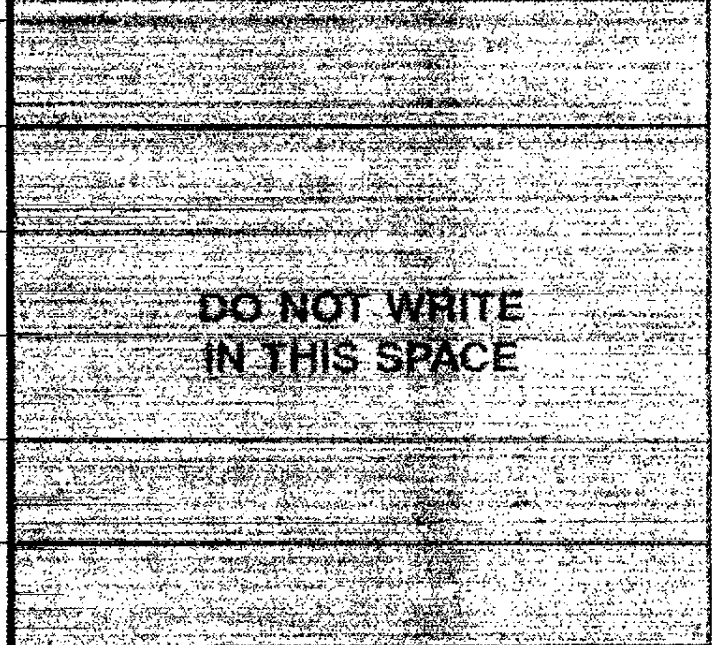
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

000000018853  
 01/29/04-80001-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WALTERS, ROBERT 5605 FLORIDA MINING BLVD SOUTH STE 11 JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SPINNER, WILLIAM 5605 FLORIDA MINING BLVD SOUTH STE 11 JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LANGSENKAMP, KURT 5605 FLORIDA MINING BLVD SOUTH STE 11 JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:**  **William T. Spinner** **1/21/04** **(904) 292-9660**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #