


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90012 024 ***150.00

DOCUMENT # P01000098759 1. Entity Name KW ENTERPRISES OF PANAMA CITY, INC.					
Principal Place of Business 2123 GRASSY POINT RD SOUTHPORT, FL 32409			Mailing Address PO BOX 8170 SOUTHPORT, FL 32409-8170		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3750645	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SWEARINGTON, MICHAEL W 2123 GRASSY POINT RD SOUTHPORT, FL 32409				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 \$150.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWEARINGTON, MICHAEL W 307 BREAM POND RD PANAMA CITY, FL 32409	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARTER, KELLEY 221 W BALDWIN RD PANAMA CITY, FL 32405	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SWEARINGTON, TAMMI 307 BREAM POND RD PANAMA CITY, FL 32409	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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>Tammi Swearington</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5-1-04 <small>Date</small>		
			(850) 271-9411 <small>Daytime Phone #</small>		

Attachment B

PO100098759
44047777



FLORIDA DEPARTMENT OF STATE
Secretary of State
Glenda E. Hood
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

First-Class Mail
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State of Florida
84321

NOTICE OF INTENT TO DISSOLVE

0172426 01 AV 0.176 **AUTO T4 1 1203 32409-817070



KW ENTERPRISES OF PANAMA CITY, INC.
PO BOX 8170
SOUTHPORT FL 32409-8170

See
attached