


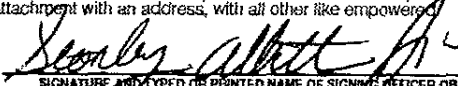


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000114874			
1. Entity Name S. ALBRITTON ENTERPRISE INC.			
Principal Place of Business 1266 28TH AVENUE W BUILDING #11 BRADENTON, FL 34205		Mailing Address 1266 28TH AVENUE W BUILDING #11 BRADENTON, FL 34205	
DO NOT WRITE IN THIS SPACE			
		04052004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-1156505	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOWRON, KEN 1265 28TH AVENUE W BRADENTON, FL 34205		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  DATE 4-08-04 <small>(NOTE: Registered Agent signature required when reissuing)</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		04/12/04-80011-009 150.00	
TITLE	D	DO NOT WRITE IN THIS SPACE	
NAME	ALBRITTON, STANLEY		
STREET ADDRESS	1266 28TH AVENUE W		
CITY- ST- ZIP	BRADENTON, FL 34205		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
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: 		4/8/04 941-746-4332	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	