


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000119212 1. Entity Name ANNA FERGUSON, INC.	
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Principal Place of Business 2745 SANIBEL PL. GULF BREEZE, FL 32563	Mailing Address 2745 SANIBEL PL. GULF BREEZE, FL 32563
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DO NOT WRITE IN THIS SPACE



08242004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0566180	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 HICKEY, RAYMOND G 913 GULF BREEZE PKWY., #5 GULF BREEZE, FL 32561	DO NOT WRITE IN THIS SPACE
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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.

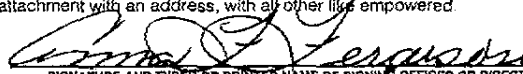
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign 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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST FERGUSON, ANNA 2745 SANIBEL PL. GULF BREEZE, FL 32563
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IN THIS SPACE**

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08/30/04-80008-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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 filers empowered.	SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	8-26-04-850-324-3617 <small>Date Daytime Phone #</small>
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