

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 03, 2004 8:00 am  
Secretary of State**

05-03-2004 90410 010 \*\*\*150.00

|  |  |   |
|--|--|---|
| DOCUMENT # P01000120470                            |  |  |
| 1. Entity Name<br>S & B REAL ESTATE HOLDINGS, INC. |  |   |

|  |  |
|--|--|
| Principal Place of Business<br>9984 STATE HWY 20 W<br>FREEPORT, FL 32439 | Mailing Address<br>9984 STATE HWY 20 W<br>FREEPORT, FL 32439 |
|--|--|

**94079954**

|                                |   |
|--------------------------------|---|
| 2. Principal Place of Business | 3. Mailing Address<br><b>513 Warrick Rd.</b>  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc.<br><b>C/O Kyna Thomas</b> |
| City & State                   | City & State<br><b>Chesapeake, VA</b>         |
| Zip                            | Zip<br><b>23322</b>                           |
| Country                        | Country<br><b>USA</b>                         |

02152004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3729419**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent             |  |
| BURKE, M TODD<br>586 GRAND BLVD STE 100<br>DESTIN, FL 32550 |  |

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| <b>FL</b>  | 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

|   |  |  |  |   |
|---|--|--|--|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b> |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |  |   |
| 10. OFFICERS AND DIRECTORS  |  |  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | D<br>NORTON, JOHN S<br>9984 STATE HWY 20 W<br>FREEPORT, FL 32439 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | D<br>SAM, BRADLEY C<br>9984 STATE HWY 20 W<br>FREEPORT, FL 32439 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <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: Kyna Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04 (850)835-5130

Date

Daytime Phone #

Authorized by John S. Norton