2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2004 08:00 AM Secretary of State

ANNUAL REPORT				Consider of Chate			
1. Entity Nam	MENT # P0200004549		Secretary of State				
Principal Plac 8012 HANCE RIVERVIEW,	OCK ST	Mailing Address P.O.BOX 36 GANT, St. 36028					
D	OO NOT WRITE I		CE	01272004 4. FEI Numb 03-040	_	CR2E034 (10	Applied For Not Applicable 5 Additional
CRAMER, 8012 HAN RIVERVIE				NOT W			
8. The above the obligat SIGNATURE	named entity submits this statement for the tions of registered agent Signature, speed or printed name of registered agent and tit		ed office or register		th, in the State of Flo	orida. I am familiar DATE	with, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.		.00 May Se ed to Fees	U00000 02/03/04-	026324 80028-001	150.00
10. TISLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRI P SPAULDING, CHARLES E P.O.BOX 36 GANT, AL 36038	ECTORS .				-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPAULDING, MARJORIE G P.O.BOX 36 GANT, AL 36038						
TITLE NAME STREET ADDRESS GHY- SI - ZIP THUE			DO NOT WRITE				
NAME STREET ADDRESS CHY-ST-ZIP	-			IN	THIS SF	'ACE	
TATLE							

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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:

STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP

May Call Daws May SIGNATURE AND TYPED OR PRINCED NAME OF SIGNANG OFFICER OR DIRECTOR

Jan. 31 Dag

Daytime Phone #