


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90201 008 ***150.00

DOCUMENT # P02000060904
 1. Entity Name
 CHAMPION HOLDINGS, INC.



Principal Place of Business
 505 AVE A NW STE 102
 WINTER HAVEN, FL 33881

Mailing Address
 505 AVE A NW STE 102
 WINTER HAVEN, FL 33881



2. Principal Place of Business
 2701 AUTUMN CREEK CIRCLE
 Suite, Apt. #, etc.

3. Mailing Address
 2701 AUTUMN CREEK CIRCLE
 Suite, Apt. #, etc.

04222004 Chg-P CR2E034 (10/03)

City & State
 KESSEMMEE FL
 Zip 34747 Country

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 KESSEMMEE FL
 Zip 34747 Country

4. FEI Number
 98-0360954

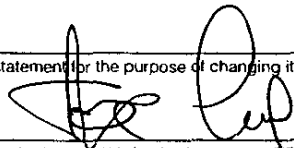
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 GOVONI, BRIAN R
 505 AVE A NW STE 102
 WINTER HAVEN, FL 33881

7. Name and Address of New Registered Agent
 Name STEVEN G. LOWE
 Street Address (P.O. Box Number is Not Acceptable)
 2701 AUTUMN CREEK CIRCLE
 City KESSEMMEE FL Zip Code 34747

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  STEVEN LOWE DATE 4/27/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LOWE, STEVEN G	
STREET ADDRESS	505 AVE A NW STE 102	
CITY-ST-ZIP	WINTERHAVEN, FL 33881	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2701 AUTUMN CREEK CIRCLE	
STREET ADDRESS	KESSEMMEE FL 34747	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  STEVEN LOWE DATE 4/27/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR