


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90016 001 ***150.00

DOCUMENT # P02000076405	
1. Entity Name PRAWN, INC.	

Principal Place of Business 606 HWY 98 W APALACHICOLA FL 32320	Mailing Address P.O. BOX 513 APALACHICOLA FL 32329-0513
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2. Principal Place of Business 52 BAYVIEW DR		3. Mailing Address P.O. BOX 192	
Suite, Apt. #, etc. APALACHICOLA		Suite, Apt. #, etc. APALACHICOLA FLA.	
City & State FLA		City & State	
Zip 32320	Country FRANKLIN	Zip 32320	Country FRANKLIN



MOORE CR2E034 (11/03)

4. FEI Number 05-0522030		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WHITE, JACK E 606 HWY 98 W APALACHICOLA FL 32320		7. Name and Address of New Registered Agent Name WHITE JACK E Street Address (P.O. Box Number is Not Acceptable) 52 BAYVIEW DR City APALACHICOLA FL Zip Code 32320	
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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 *Jack E White* **JACK E WHITE** **4-11-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST WHITE, JACK E P.O. BOX 513 192 APALACHICOLA FL 32329-0513 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: *Jack E White* **JACK E WHITE PVST** **4-11-04** **850-253-3620**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #