

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**Jun 11, 2004 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P02000084333</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                            |
| 1. Entity Name<br><b>TODD MCCRORY ENTERPRISES INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                            |
| Principal Place of Business<br><b>3609 SAWMILL RD<br/>PAGE, FL 32571 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Mailing Address<br><b>P O BOX 760<br/>GENEVA, AL 36340 US</b>                                                              |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                            |
| 2. Name and Address of Current Registered Agent<br><b>ELLENBURG, LISA<br/>1136 ENGLISH LANE<br/>WESTVILLE, FL 32464</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                            |
| 3. 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 _____<br><small>Signature, typed or printed name of registered agent and (if applicable, (NOTE: Registered Agent signature required when requesting)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                            |
| DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                            |
| <b>FILE NOW!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$650.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May be<br/>Added to Fees</b> |
| <b>U000000162483<br/>06/11/04-80001-016 150.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                            |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | P<br>MCCRORY, JOHN T<br>3609 SAWMILL CIRCLE<br>PAGE, FL 32571                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                            |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                            |
| 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 supplementary 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 unchanged. |                                                                                                                            |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF MEMBERS, OFFICERS OR DIRECTORS</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                            |