2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000097783

Entity Name: CLINCH INCORPORATED

FILED Feb 18, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1569 CARRINGTON AVE 1000 HUNTERS MOUNTAIN PARKWAY WINTER SPRINGS, FL 32708

#172

TROY, AL 36079

Current Mailing Address: New Mailing Address:

1000 HUNTERS MOUNTAIN PARKWAY 1569 CARRINGTON AVE

WINTER SPRINGS, FL 32708 #172 TROY, AL 36079

FEI Number: 75-3079673 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CLINCH, MARC P BENJAMIN H. MOORE, CPA, PA 720 N. MAITLAND AVE 1569 CARRINGTON AVE WINTER SPRINGS, FL 32708 SUITE 105

MAITLAND, FL 32751

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.

SIGNATURE: BENJAMIN H. MOORE 02/18/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete (X) Change () Addition CLINCH, MARC P Name: Name: CLINCH, MARC P

1569 CARRINGTON AVE 1000 HUNTERS MOUNTAIN PARKWAY #172 Address: Address:

City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: TROY, AL 36079

Title: () Delete Title: DST DST (X) Change () Addition

Name: CLINCH, PAMELA S Name: CLINCH, PAMELA S

1569 CARRINGTON AVE Address: 1000 HUNTERS MOUNTAIN PARKWAY #172 Address:

WINTER SPRINGS, FL 32708 TROY, AL 36079 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC P. CLINCH DP 02/18/2004