2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000099351

Entity Name: FLORIDA R&D, INC.

FILED Mar 14, 2004 Secretary of State

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

1901 S. HARBOR CITY BLVD. 429 CARRIAGE ROAD

SUITE 600 SATELLITE BEACH, FL 32937 US

MELBOURNE, FL 32937 US

Current Mailing Address: New Mailing Address:

1901 S. HARBOR CITY BLVD. 429 CARRIAGE ROAD

SUITE 600 SATELLITE BEACH, FL 32937 US

MELBOURNE, FL 32937 US

FEI Number: 74-2059266 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

JACOBS, WILLIAM E
1901 S. HARBOR CITY BLVD.

JACOBS, WILLIAM E
429 CARRIAGE ROAD

SUITE 600 SATELLITE BEACH, FL 32937 US MELBOURNE, FL 32937 US

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: WILLIAM E JACOBS 03/14/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: () Change () Addition

Name: JACOBS, WILLIAM E Name:

 Address:
 429 CARRIAGE ROAD
 Address:

 City-St-Zip:
 SATELLITE BEACH, FL 32901 US
 City-St-Zip:

Title: VP () Delete Title: () Change () Addition

 Name:
 SCHEFFLER, TIMOTHY H
 Name:

 Address:
 3661 WHISPERWOOD CIRCLE
 Address:

 City-St-Zip:
 MELBOURNE, FL 32901 US
 City-St-Zip:

Title: TRES () Delete Title: () Change () Addition

 Name:
 JACOBS, WILLIAM E
 Name:

 Address:
 429 CARRIAGE ROAD
 Address:

 City-St-Zip:
 SATELLITE BEACH, FL 32937 US
 City-St-Zip:

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

Name: SCHEFFLER, CYNTHIA J Name: JACOBS, WILLIAM E Address: 3661 WHISPERWOOD CIR Address: 429 CARRIAGE ROAD

City-St-Zip: MELBOURNE, FL 32901 US City-St-Zip: SATELLITE BEACH, FL 32937 US

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: WILLIAM E JACOBS PRES 03/14/2004