

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000111097

Entity Name: NEVADA MUTUAL INC.

FILED  
Aug 31, 2004  
Secretary of State

## Current Principal Place of Business:

2145 SE SHELTER DRIVE  
PORT SAINT LUCIE, FL 34952 US

## New Principal Place of Business:

1680 SW BAYSHORE BLVD.  
PORT SAINT LUCIE, FL 34984 US

## Current Mailing Address:

2145 SE SHELTER DRIVE  
PORT SAINT LUCIE, FL 34952 US

## New Mailing Address:

1680 SW BAYSHORE BLVD.  
PORT SAINT LUCIE, FL 34984 US

FEI Number: 01-0747340

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

O'CONNOR, KATE  
2145 SE SHELTER DRIVE  
PORT SAINT LUCIE, FL 34952 US

## Name and Address of New Registered Agent:

O'CONNOR, KATE  
1680 SW BAYSHORE BLVD.  
PORT SAINT LUCIE, FL 34952 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: KATE O'CONNOR

08/31/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: O'CONNOR, KATE  
Address: 2145 SE SHELTER DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

Title: D (X) Delete  
Name: O'CONNOR, THOMAS  
Address: 2145 SE SHELTER DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: KATE O'CONNOR

PRES

08/31/2004

Electronic Signature of Signing Officer or Director

Date