2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004
Secretary of State

DOCUMENT# P02000113363

Entity Name: TOWNSEND TRUST HOLDINGS, INC.

Current Principal Place of Business:

3605 SOUTH OCEAN BLVD.
APARTMENT 124C
PALM BEACH, FL 33480

New Principal Place of Business:

26 HARVARD DRIVE
LAKE WORTH, FL 33460 US

Current Mailing Address:

26 HARVARD DRIVE
LAKE WORTH, FL 33460

New Mailing Address:

P.O. BOX 640
WEST PALM BEACH, FL 33402

FEI Number: 02-0656503 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOWNSEND, LOUIS R JR.
26 HARVARD DRIVE
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

TOWNSEND, LOUIS R JR.
P.O. BOX 640
WEST PALM BEACH, FL 33402 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: LOUIS R. TOWNSEND, JR. 05/04/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TOWNSEND, LOUIS R JR.
Address: 26 HARVARD DR
City-St-Zip: LAKE WORTH, FL 33460

Title: VD ( ) Delete
Name: TOWNSEND, FRANK
Address: 10 DREW LANE
City-St-Zip: CENTER MORICHES, NY 11934

Title: STD ( ) Delete
Name: TOWNSEND, SANDRA
Address: 1385 ISLIP AVE
City-St-Zip: CENTRAL ISLIP, NY 11722

Title: D ( ) Delete
Name: TOWNSEND, LOUIS R SR.
Address: 65 PALM ST.
City-St-Zip: CENTRAL ISLIP, NY 11722

Title: D ( ) Delete
Name: TOWNSEND, ENA D
Address: 65 PALM ST.
City-St-Zip: CENTRAL ISLIP, NY 11722

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: LOUIS R. TOWNSEND, JR. PD 05/04/2004
Electronic Signature of Signing Officer or Director Date