


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90009 001 \*\*\*150.00

<b>DOCUMENT # P03000010164</b>	
1. Entity Name <b>THE OLDE BOARDING HOUSE, INC.</b>	

Principal Place of Business <b>114 NORTHEAST FIRST STREET POST OFFICE BOX 308 TRENTON FL 32693 115</b>	Mailing Address <b>114 NORTHEAST FIRST STREET POST OFFICE BOX 308 TRENTON FL 32693</b>
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2. Principal Place of Business <b>115 NW First Street</b>	3. Mailing Address <b>P.O. Box 1500</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Trenton, Florida</b>	City & State <b>Trenton, Florida</b>
Zip <b>32693</b>	Country <b>Gilchrist</b>
Zip <b>32693</b>	Country <b>Gilchrist</b>

6. Name and Address of Current Registered Agent <b>BURT, THEODORE M ESQ. 114 NORTHEAST FIRST STREET TRENTON FL 32693</b>	
7. Name and Address of New Registered Agent Name <b>Fran Erickson</b> Street Address (P.O. Box Number is Not Acceptable) <b>115 NW First Street</b> City <b>Trenton</b> FL Zip Code <b>32693</b>	

8. 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 <i>Fran Erickson</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <b>3-22-04</b> (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00. Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERICKSON, DONALD C 3064 SW 25TH AVENUE BELL FL 32619 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERICKSON, FRAN L 3064 SW 25TH AVENUE BELL FL 32619 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 supplemental 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 empowered.	
SIGNATURE: <i>Donald C Erickson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <b>3-22-04</b> Daytime Phone #