2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000010447

Entity Name: NORTH FLORIDA EMULSIONS, INC.

FILED Jan 27, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1045 HILLSBOROUGH MILE, APT. B3 701 NORTH MOODY ROAD HILLSBOROUGH BEACH, FL 330022114

#18

PALATKA, FL 321772439 US

Current Mailing Address: New Mailing Address:

PO BOX 485 1045 HILLSBOROUGH MILE, APT. B3

HILLSBOROUGH BEACH, FL 330022114 PALATKA, FL 321780485 US

FEI Number: 45-0501505 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:

KING, JAMES P 1045 HILLSBOROUGH MILE, APT. B3 HILLSBOROUGH BEACH, FL 330022114

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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

KING, DAVID KING, DAVID J Name: Name: 16 TROY HILLS ROAD 16 TROY HILLS ROAD Address: Address: City-St-Zip: WHIPPANY, NY 07988 City-St-Zip: WHIPPANY, NY 07981

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

Name: KING, PETER Name: KING. PETER G 16 TROY HILLS ROAD 16 TROY HILLS ROAD Address: Address: WHIPPANY, NY 07988 WHIPPANY, NY 07981 City-St-Zip: City-St-Zip:

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

KING, JEFFREY KING, JEFFREY D Name: Name: 16 TROY HILLS ROAD 16 TROY HILLS ROAD Address: Address: City-St-Zip: WHIPPANY, NY 07988 City-St-Zip: WHIPPANY, NY 07981

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

KING, BRIAN C Name: Name: Address: 701 NORTH MOODY ROAD, #18 Address: City-St-Zip: PALATKA, FL 32177 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: DAVID J. KING Ρ 01/27/2004