2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 28, 2004 8:00 am Secretary of State

05-05-2004 90210 028 ***150.00

| 1. Entity Nam | MENT # P0300002 N SECURING, INC. | 2399 | | | | 05-05-2004 | + 90210 | 028 **** | 150.00 |
|--|---|--|---|--|---------------|-------------------|------------|---|-------------------------------------|
| Principal Place | | Mailing Address | | | | £ | CA DA C |) E C | |
| 660 GLENDALE ST P 0 BOX 146 Starke, Fl 32091 Starke, Fl 32091 | | | | | 66424856 | | | | |
| | lace of Business | 3. Mailing Address | | | | | | | |
| Suite, Apt. | 3 Hwy 301 S. #, etc. " | Suite, Apt. #, etc. | | | 04000004 | Ch- D | CDOE03 | 4 (40/00) | |
| | | | ··· | | 04262004 | Chg-P | CR2E034 | | |
| City & State | | City & State - | | | 4. FEI Number | 355042 | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | plied For t Applicable |
| Zip | Country BRAD FOR I | Zip | Country | | | f Status Desired | | B.75 Add | |
| | 6. Name and Address of Curre | | <u> </u> | | 7. Name and | Address of New Re | | | |
| DRIMMO | | | | | | | | | |
| DRUMMOND, DONALD L EA 103 EDWARDS RD STARKE, FL 32091 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| SIARKE, I | FL 32091 | | | | | | | | |
| | nt. | | City | | | | FL | Zip Cod | e |
| After M | E NOW!!! FEE IS \$150.00 | 9. Election Camp | aion Financino | * | | | | | |
| | ay 1, 2004 Fee will be \$55 | 0.00 Trust Fund Cor | ntribution. | □ Ad | ded to Fees | NAMES TO OFFI | CERS AND I | DIRECTOR | S IN 11 |
| | OFFICERS A | 0.00 Trust Fund Cor ND DIRECTORS | | □ Ad | | CHANGES TO OFFI | | DIRECTOR | |
| MLE | OFFICERS AID CHASTAIN, TIMOTHY | 0.00 Trust Fund Cor | 11. TITLE NAME | | | CHANGES TO OFFI | | | |
| TITLE NAME STREET ADDRESS | OFFICERS AND CHASTAIN, TIMOTHY P O BOX 146 | 0.00 Trust Fund Cor ND DIRECTORS | 11. TITLE NAME STREET ADDRE | | | CHANGES TO OFF | | | |
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12. Thereby certify that the information supplied with this filing does not quality 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.

changed, or on an attacriment with an accress, with all during like empty

HATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Date Daytime Phone