

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 26, 2004 8:00 am  
Secretary of State**

03-26-2004 90031 030 \*\*\*150.00

DOCUMENT # P03000035004			
1. Entity Name HEIDER ENTERPRISES, INC.			
Principal Place of Business 95054 OCEAN CLUB CT., #604 SOUTH AMELIA ISLAND, FL 32034		Mailing Address 95054 OCEAN CLUB CT., #604 SOUTH AMELIA ISLAND, FL 32034	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  FLANAGAN, TIMOTHY L ESQ. 1548 LANCASTER TERR. JACKSONVILLE, FL 32204			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City
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 _____ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME HEIDER, JEANETTE D STREET ADDRESS 95054 OCEAN CLUB CT., #604 SOUTH CITY-ST-ZIP AMELIA ISLAND, FL 32034		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME CLOUD, JENNIFER H STREET ADDRESS 2049 BEACHWOOD CITY-ST-ZIP FERNANDINA BEACH, FL 32034		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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>Jeanette D. Heider</i> 3/20/04 (904)261-2844 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			