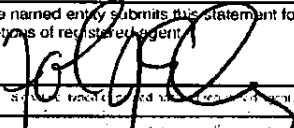
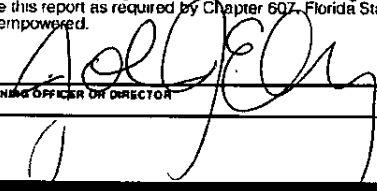


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90009 016 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                         |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P03000036461</b><br>1. Entity Name<br><b>ELEY WOODWORKING AND YACHT WORKS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                        |  |
| Principal Place of Business<br><b>3422 HWY 98 W.<br/>SANTA ROSA BEACH, FL 32459</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Mailing Address<br><b>74 TRICK CIRCLE<br/>SANTA ROSA BEACH, FL 32459</b>                                                                |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br><b>Unit 2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 3. Mailing Address<br>Suite, Apt. #, etc.<br><b>Unit 2</b>                                                                              |  |
| City & State<br><b>Santa Rosa Bch, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 4. FEI Number<br><b>050568554</b>                                                                                                       |  |
| Zip<br><b>32459</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Country<br><b>USA</b>                                                                                                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Applied For<br>Not Applicable                                                                                                           |  |
| 6. Name and Address of Current Registered Agent<br><b>ELEY, JOHN J.<br/>74 TRICK CIRCLE<br/>SANTA ROSA BEACH, FL 32459</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |  |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | DATE: <b>6 Apr 04</b>                                                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                   |  |
| TITLE<br><b>D</b> <input type="checkbox"/> Delete<br>NAME<br><b>ELEY, JOHN J</b><br>STREET ADDRESS<br><b>74 TRICK CIRCLE</b><br>CITY ST ZIP<br><b>SANTA ROSA BEACH, FL 32459</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                     |  |
| TITLE<br><input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                     |  |
| TITLE<br><input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                     |  |
| TITLE<br><input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                     |  |
| TITLE<br><input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>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: <b>John Eley</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | DATE: <b>6 Apr 04</b>                                                                                                                   |  |