2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P03000054936

Entity Name: HIDDEN OAK BROKERS, INC.

Current Principal Place of Business:

1415 NORTH 1ST STREET
301
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11254
JACKSONVILLE, FL 32239

New Mailing Address:

FEI Number: 57-1171900 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLOCUM, COLIN S
1415 NORTH 1ST STREET
301
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO ( ) Change (X) Addition
Name: HARDESTY, DAVID A P
Address: 5186 CYPRESS CREST LANE
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: CFO ( ) Change (X) Addition
Name: SLOCUM, COLIN S T
Address: 1415 NORTH 1ST STREET
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: CMO ( ) Change (X) Addition
Name: SLOCUM, RALPH S VP
Address: 4128 HOLLISTER PLACE
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: COO ( ) Change (X) Addition
Name: SLOCUM, MATTEW A VP
Address: 84 WEST 9TH STREET
City-St-Zip: ATLANTIC BEACH, FL 32233 US

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: COLIN S. SLOCUM CFO 04/29/2004

Electronic Signature of Signing Officer or Director — Date