
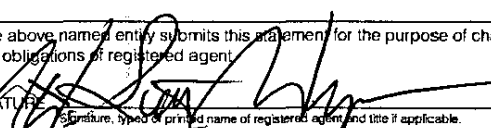
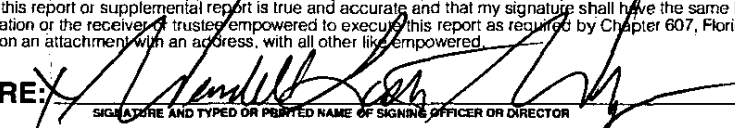


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90007 021 ***150.00

DOCUMENT # P03000058668 1. Entity Name OLD CROW III, INC.					
Principal Place of Business 4507 N PALAFOX PENSACOLA, FL 32505			Mailing Address 4507 N PALAFOX PENSACOLA, FL 32505		
2. Principal Place of Business 5169 S. FERDON Suite, Apt. #, etc.		3. Mailing Address 5169 S. FERDON Suite, Apt. #, etc.			
City & State CRESTVIEW, FL Zip 32536		City & State CRESTVIEW, FL Zip 32536		4. FEI Number 81-0615745 Applied For <input type="checkbox"/> Not Applicable	
Country OKALOOSA		Country OKALOOSA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WYNN, WENDELL S 3253 MARINER'S DRIVE PENSACOLA, FL 32526			7. Name and Address of New Registered Agent Name Street Address City - ST - ZIP		
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 understand and accept the obligations of registered agent. SIGNATURE:  DATE: 7-1-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WYNN, WENDELL S 3253 MARINER'S DRIVE PENSACOLA, FL 32526	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KENNEDY, JEFFERY A 883 LISMORE DRIVE COLUMBUS, GA 31904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T YODER, JOHN N 7808 EIGHT MILE CREEK ROAD PENSACOLA, FL 32526	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
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:  DATE: 7-1-04 DAYTIME PHONE #: 850-955-9053 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		