


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90024 005 ***150.00

DOCUMENT # P03000062538	
1. Entity Name MARIA A. RIDDLE, INC.	

Principal Place of Business 703 SPRING OAK DRIVE MELBOURNE FL 32901	Mailing Address 703 SPRING OAK DRIVE MELBOURNE FL 32901
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2. Principal Place of Business 3476 Mt. Carmel Lane	3. Mailing Address 3476 Mt. Carmel Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.

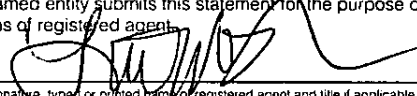
City & State Melbourne, FL	City & State Melbourne, FL
Zip 32901	Zip 32901
Country USA	Country USA



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent INDUISI, DEBBIE 703 SPRING OAK DRIVE MELBOURNE FL 32901	
7. Name and Address of New Registered Agent Name Tina Robbins Street Address (P.O. Box Number is Not Acceptable) 703 Spring Oak Drive City Melbourne FL Zip Code 32901	

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 **3/25/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIDDLE, MARIA 703 SPRING OAK DRIVE MELBOURNE FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3476 Mt. Carmel Lane Melbourne, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIDDLE, SETH 703 SPRING OAK DRIVE MELBOURNE FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3476 Mt. Carmel Lane Melbourne, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Seth Riddle** Date **02/28/04** Daytime Phone # **321/676-0368**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR