


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-06-2004 90113 023 \*\*\*158.75

DOCUMENT # P03000063067			
1. Entity Name NATURAL JOURNEYS, INC.			
Principal Place of Business 4418 RIDGELINE CIRCLE TAMPA, FL 33624		Mailing Address 4418 RIDGELINE CIRCLE TAMPA, FL 33624	
2. Principal Place of Business 308 E. 7th Ave Suite, Apt. #, etc. Ste. D City & State Tampa, FL Zip 33602 Country US		3. Mailing Address 308 E. 7th Ave Suite, Apt. #, etc. Ste. D City & State Tampa, FL Zip 33602 Country U.S. HILLSBOROUGH	



06302004 Chg-P CR2E034 (10/03)

4. FEI Number  
54-2113158  
Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRAVES, VICKIE L 4418 RIDGELINE CIRCLE TAMPA, FL 33624		7. Name and Address of New Registered Agent Name GRAVES, Vickie L Street Address (P.O. Box Number is Not Acceptable) 3214 W. HARBOR VIEW AVE. City TAMPA FL Zip Code 33611	
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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: 6/30/04  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution.  \$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, S GRAVES, VICKIE L 4418 RIDGELINE CIRCLE TAMPA, FL 33624 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAVES, VICKIE L. 3214 W. HARBOR VIEW AVE. TAMPA, FL 33611-1921 <input checked="" 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
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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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/04 813-226-3010  
Date Daytime Phone #