


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P03000126165</b> 1. Entity Name <b>LINCICOME WOOD FIXTURES, INC.</b>	
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FILED

04 APR 27 PM 12:34

SEAL OF THE STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>506 W 9TH AVE HAVANA, FL 32333</b>	Mailing Address <b>506 W 9TH AVE HAVANA, FL 32333</b>
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2. Principal Place of Business <b>9231 Havana Highway</b> Suite, Apt. #, etc.	3. Mailing Address <b>9231 Havana Highway</b> Suite, Apt. #, etc.
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04272004 Chg-P CR2E034 (10/03)

City & State <b>Havana FL</b>	City & State <b>Havana FL</b>
Zip <b>32333</b>	Zip <b>32333</b>
Country <b>U.S.A.</b>	Country <b>U.S.A.</b>

4. FEI Number <b>56 - 2417971</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  <b>STIVERS, H B 245 E VIRGINIA ST TALLAHASSEE, FL 32301</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> Delete LINCICOME, THOMAS 9231 HAVANA HIGHWAY HAVANA, FL 32333
NAME	V <input type="checkbox"/> Delete LINCICOME, MARY L 9231 HAVANA HIGHWAY HAVANA, FL 32333
STREET ADDRESS	
CITY-ST-ZIP	
CITY-ST-ZIP	
CITY-ST-ZIP	
CITY-ST-ZIP	
CITY-ST-ZIP	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100035821101</b> <b>05/10/04--01074--008 **150.00</b>
NAME	President, Secretary, V. Pres. Lincicome, Mary L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9231 Havana Highway Havana FL
STREET ADDRESS	
CITY-ST-ZIP	
CITY-ST-ZIP	
CITY-ST-ZIP	
CITY-ST-ZIP	
CITY-ST-ZIP	
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: Mary L Lincicome 4-27-04 850-539-9100  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #