## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 20, 2004 8:00 am Secretary of State

DOCUMENT # P03000126525  1. Entity Name EARLY BIRD, INC.				01-20-2004 90047 018 ***150.00			
EARLY B	IRD, INC.						
Principal Place	e of Business	Mailing Address					
5415 JACKSON AVENUE Orange Park, Fl. 32065		5415 JACKSON AVENUE Orange Park, FL 32065					
				\$ 1 <b>000</b> 110 <b>0</b> 03 111	<b>10)35</b>	I JARUN HIRITE BIRRA HARRI WARAN WARAN	) <b>33</b> 1 H 1 <b>33</b> H
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092004	Chg-P	CR2E034 (10/03)	
City & State		City & State		4. FEI Numb	5073323	<del></del>	plied For t Applicable
Zip	Country	Zip	Country		of Status Desired	□ \$8.75 Add	
ļ	6 Name and Address of Current	Bagistared Agent			Address of New Re	Fee Hequire	<u> </u>
6. Name and Address of Current Registered Agent					- Audieds of New No	Li La Constant	
JOHNSON, SCOTT R 5415 JACKSON AVENUE ORANGE PARK, FL 32065			Street Ac	Street Address (P.O. Box Number is Not Acceptable)			
			}				
			City			FL Zip Code	е
8. The above named entity submits this statement for the purpose of changing its regist				registered agent, or bo	th, in the State of Flor	rida. I am familiar with,	and accept
the obligations of registered agent.							
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
, FIL After Ma	E NOWI!!-FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	\$5.00 May Be — Added to Fees					
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO OFFI	CERS AND DIRECTORS	SIN 11
TITLE		☐ Delete	TITLE	P/D		☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	SCOTT R	NOTHHOL .		
CITY-ST-ZIP			CITY-ST-ZIP	SHIS JAC ORANGE PI	KSON AVE -	2065	
TITLE	<del> </del>	☐ Delete	TITLE	VISITID	3100. 3 3	☐ Change	Addition
NAME		1	NAME	LEAH MOOS	MOZUHOL 35		
STREET ADDRESS		¥,	STREET ADDRESS	5415 JACKS	SON AVE.	12065	
CITY-ST-ZIP		<u> </u>	CITY-ST-ZIP	DRANGE PA	RK , FL 3		CT Addition
TITLE NAME -		☐ Delete	TITLE NAME		• • • •	Change	Addition Addition
STREET ADDRESS			STREET ADDRESS			•	
CITY-ST-ZIP			CITY-ST-ZIP			·	
TITLE		☐ Delete	TITLE		and the second s	☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADORESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	<del> </del>		☐ Change	Addition
NAME			NAME			•	
STREET ADDRESS			STREET ADDRESS	,,		•	
CITY-ST-ZIP			CITY-ST-ZIP			F∃ Chares	Addition
TITLE NAME	المعادم المراسية الورق والمستعموسي م	. Delete	TITLE NAME	in the second se	•	☐ Change	LT MOONIGH
STREET ADDRESS			STREET ADDRESS	<b>.</b>			
CITY-ST-ZIP	l <u> </u>	<del> </del>	CITY-ST-ZIP				
1							

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: Ucatt R. Gull Scott R. Johnson 1-12-04 904-541-1772
SIGNATURE AND TYPESOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Date

Date

Deptime Proces #