
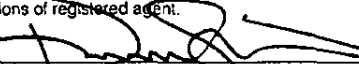
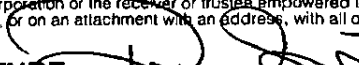


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-05-2004 90005 011 ***150.00

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DOCUMENT # P03000131841					
1. Entity Name JUST RIGHT PRODUCTIONS, INC.					
Principal Place of Business POST OFFICE BOX 3203 LAKE CITY, FL 32056-3203			Mailing Address POST OFFICE BOX 3203 LAKE CITY, FL 32056-3203		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEL Number 20-0417263	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MILLER, DONALD L 955 WEST BAYA AVENUE LAKE CITY, FL 32025				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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 2-3-04					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	NAME		Delete		
STREET ADDRESS	CITY-ST-ZIP				
TITLE	NAME		Delete		
STREET ADDRESS	CITY-ST-ZIP				
TITLE	NAME		Delete		
STREET ADDRESS	CITY-ST-ZIP				
TITLE	NAME		Delete		
STREET ADDRESS	CITY-ST-ZIP				
TITLE	NAME		Delete		
STREET ADDRESS	CITY-ST-ZIP				
TITLE	NAME		Delete		
STREET ADDRESS	CITY-ST-ZIP				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME		Change Addition		
STREET ADDRESS	CITY-ST-ZIP				
TITLE	NAME		Change Addition		
STREET ADDRESS	CITY-ST-ZIP				
TITLE	NAME		Change Addition		
STREET ADDRESS	CITY-ST-ZIP				
TITLE	NAME		Change Addition		
STREET ADDRESS	CITY-ST-ZIP				
TITLE	NAME		Change Addition		
STREET ADDRESS	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  DATE 2-3-04 Daytime Phone #					