


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-23-2004 90193 030 ***158.75

DOCUMENT # P03000141533	
1. Entity Name WILLIAM VERDON, INC.	

Principal Place of Business 5755 E IRLO BRONSON HWY ST. CLOUD FL 34771 US	Mailing Address 5755 E IRLO BRONSON HWY ST. CLOUD FL 34771 US
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2. Principal Place of Business 5755 E IRLO BRONSON	3. Mailing Address 5755 E IRLO BRONSON
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ST. CLOUD FLORIDA	City & State ST. CLOUD FLORIDA
Zip 34771	Zip 34771
Country USA	Country USA



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent VERDON, WILLIAM 5755 E IRLO BRONSON HWY ST. CLOUD FL 34771		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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** _____

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 P <input type="checkbox"/> Delete	NAME VERDON, WILLIAM	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5755 E IRLO BRONSON HWY	CITY - ST - ZIP ST. CLOUD FL 34771	STREET ADDRESS	
TITLE SEC <input type="checkbox"/> Delete	NAME VERDON, WILLIAM	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5755 E IRLO BRONSON HWY	CITY - ST - ZIP ST. CLOUD FL 34771	STREET ADDRESS	
TITLE TRES <input type="checkbox"/> Delete	NAME VEDON, WILLIAM	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5575 E IRLO BRONSON HWY	CITY - ST - ZIP ST. CLOUD FL 34771	STREET ADDRESS	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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: W Verdon **21 APRIL 2004** **(407)892-0625**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #