
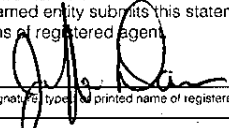


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90035 044 ***150.00

DOCUMENT # P03000146971					
1. Entity Name DAUM ENTERPRISES, INC.					
Principal Place of Business 3749D GULF BREEZE PARKWAY #175 GULF BREEZE, FL 32563			Mailing Address 3749D GULF BREEZE PARKWAY #175 GULF BREEZE, FL 32563		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 13-4270393	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALMER, RAYMOND B ESQ. 913 GULF BREEZE PARKWAY SUITE 41 GULF BREEZE, FL 32561				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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: 2-4-04	
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"/>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSTD	NAME DAUM, JEFF		<input type="checkbox"/> Delete		
STREET ADDRESS 3749D GULF BREEZE PARKWAY #175	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY - ST - ZIP GULF BREEZE, FL 32563	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME	STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 2-4-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 890-932-0385	