## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000148607

FILED Jun 04, 2004 Secretary of State

Entity Name: BJ WC	OOD OF WILLISTON, INC.				
Current Principal Place of Business:		New Princ	New Principal Place of Business:		
147 N MAIN ST WILLISTON, FL 3269	6				
Current Mailing Address:		New Mailing Address:			
PO BOX 833 WILLISTON, FL 3269	60833				
FEI Number: 43-2033803	FEI Number Applied For()	FEI Number Not Appl	icable ( ) Ce	rtificate of Status Desired ( )	
Name and Address of	Name and	Name and Address of New Registered Agent:			
HUBER, JAY 147 N MAIN ST WILLISTON, FL 3269	6				
The above named entine the State of Florida.	ity submits this statement for the pur	pose of changing i	ts registered office	e or registered agent, or bo	th,
SIGNATURE:					
Elect		Date			
Election Campaign Finan	cing Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	P () Cha HUBER, JAY P. O. BOX 833 WILLISTON, FL 32	ange (X) Addition	
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	VP () Cha CASSON, BRIAN J 18591 S. E. 11TH F WILLISTON, FL 32		
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	ST () Cha HUBER, PAMELA G P. O. BOX 833 WILLISTON, FL 32		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA G. HUBER 06/04/2004 ST