


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000150671	
1. Entity Name GRANT PEACOCK, INC.	

FILED
04 DEC -8 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2319 SPRING CREEK HWY CRAWFORDVILLE, FL 32327	Mailing Address 2319 SPRING CREEK HWY CRAWFORDVILLE, FL 32327
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

12072004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0481685	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CLARK, MAX T 113 WEST FRANKLIN STREET QUINCY, FL 32351		Name Claire A. Duchemin	
		Street Address (P.O. Box Number is Not Acceptable) 2940 Kerry Forest Parkway	
		Suite Suite 202	
		City Tallahassee	FL

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 *Claire A. Duchemin* DATE 12/8/04

Signature of individual named name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Amended AR is \$61.25	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 NAME STREET ADDRESS CITY-ST-ZIP	PVS GRAHAM, BENJAMIN II 2319 SPRING CREEK HWY CRAWFORDVILLE, FL 32327 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres/Treas/Director Christopher H. Moran 2319 Spring Creek Highway Crawfordville, FL 32327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEACOCK, EMORY G 2319 SPRING CREEK HWY CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Director Emory G. Peacock 2319 Spring Creek Highway Crawfordville, FL 32327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROBINSON, JAMES 2319 SPRING CREEK HWY CRAWFORDVILLE, FL 32327 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Director Randy Jenkins 2319 Spring Creek Highway Crawfordville, FL 32327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JONES, DARRIN 2319 SPRING CREEK HWY CRAWFORDVILLE, FL 32327 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: *Emory G. Peacock* **12-8-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
850-519-4502