2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000164879

Entity Name: PEGRAM FAMILY ENTERPRISES, INC.

FILED Feb 28, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1104 AVONDALE PLACE 2750 RACE TRACK RD., #305 JACKSONVILLE, FL 32259 FRUIT COVE, FL 32259

Current Mailing Address: New Mailing Address:

1104 AVONDALE PLACE 1104 AVONDALE PLACE JACKSONVILLE, FL 32259 FRUIT COVE, FL 32259

FEI Number: 56-2492156 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PEGRAM, CONNIE W
1104 AVONDALE PLACE
JACKSONVILLE, FL 32259 US
PEGRAM, CONNIE W
1104 AVONDALE PLACE
FRUIT COVE, FL 32259 US

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.

SIGNATURE: 02/28/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 PEGRAM, CONNIE W
 Name:
 PEGRAM, CONNIE W

 Address:
 1104 AVONDALE PLACE
 Address:
 1104 AVONDALE PLACE

 City-St-Zip:
 JACKSONVILLE, FL 32259
 City-St-Zip:
 FRUIT COVE, FL 32259

Title: D () Delete Title: D (X) Change () Addition

 Name:
 PEGRAM, STEPHEN C
 Name:
 PEGRAM, STEPHEN C

 Address:
 1104 AVONDALE PLACE
 Address:
 1104 AVONDALE PLACE

 City-St-Zip:
 JACKSONVILLE, FL 32259
 City-St-Zip:
 FRUIT COVE, FL 32259

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: CONNIE W. PEGRAM PRES 02/28/2005