2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07346

FILED Mar 31, 2004 Secretary of State

Current Principal Place of Business: 723 US HIGHWAY 17 SOUTH YULEE, FL 32097 US Current Mailing Address: P.O. BOX 1870 YULEE, FL 320411870 US FEI Number: 63-0890118 FEI Number Applied For () FEI Number Not Applicable () Certificate of Sta Name and Address of Current Registered Agent: Name and Address of New Registered TEAL, BETTY D. 96361 BAY VIEW DR FERNANDINA BEACH, FL 32034 US The above named entity submits this statement for the purpose of changing its registered office or registere in the State of Florida.	
Current Mailing Address: P.O. BOX 1870 YULEE, FL 320411870 US FEI Number: 63-0890118 FEI Number Applied For () FEI Number Not Applicable () Certificate of Sta Name and Address of Current Registered Agent: Name and Address of New Registered TEAL, BETTY D. 96361 BAY VIEW DR FERNANDINA BEACH, FL 32034 US The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida.	
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96361 BAY VIEW DR FERNANDINA BEACH, FL 32034 US The above named entity submits this statement for the purpose of changing its registered office or registere in the State of Florida.	Agent:
in the State of Florida.	
CIONATURE	ed agent, or both,
SIGNATURE:	
Electronic Signature of Registered Agent Date	
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS
Title: PD () Delete Title: () Change () Addition Name: TEAL, BETTY D., Name: Address: PO BOX 15790 Address: City-St-Zip: FERNANDINA BCH, FL 32035 City-St-Zip:	on
Title: VST () Delete Title: () Change () Addition Name: TEAL, WILLIAM, Name: Address: PO BOX 15790 Address: City-St-Zip: FERNANDINA BCH, FL 32035 City-St-Zip:	on
Title: D () Delete Title: () Change () Addition Name: TEAL, WILLIAM, Name: Address: PO BOX 15790 Address: City-St-Zip: FERNANDINA BCH, FL 320353114 City-St-Zip:	no

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: BETTY D. TEAL PD 03/31/2004