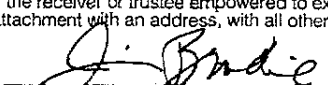


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 09, 2004 08:00 AM  
Secretary of State

| <b>DOCUMENT # P20250</b><br>1. Entity Name<br><b>SPIWACHEE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Principal Place of Business<br><b>6210 COMMERCIAL WAY<br/>BROOKSVILLE FL 19801<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                         |                                 | Mailing Address<br><b>2542 WILLIAMS BLVD<br/>ATTN: LEGAL DEPARTMENT<br/>KENNER LA 70062<br/>US</b>                  |                                                                                                            |  |                            |  |  |                                                       |  |  |       |                         |                                 |       |                                                                   |  |      |                     |  |      |  |  |                |           |  |                |  |  |                 |  |  |                 |  |  |       |    |                                 |       |                                                                   |  |      |                       |  |      |  |  |                |                     |  |                |  |  |                 |           |  |                 |  |  |       |     |                                 |       |                                                                   |  |      |                  |  |      |  |  |                |                    |  |                |  |  |                 |                 |  |                 |  |  |       |   |                                 |       |                                                                   |  |      |                      |  |      |  |  |                |     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| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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Mailing Address              |                                                                                                                     |                                                                                                            |  |                            |  |  |                                                       |  |  |       |                         |                                 |       |                                                                   |  |      |                     |  |      |  |  |                |           |  |                |  |  |                 |  |  |                 |  |  |       |    |                                 |       |                                                                   |  |      |                       |  |      |  |  |                |                     |  |                |  |  |                 |           |  |                 |  |  |       |     |                                 |       |                                                                   |  |      |                  |  |      |  |  |                |                    |  |                |  |  |                 |                 |  |                 |  |  |       |   |                                 |       |                                                                   |  |      |                      |  |      |  |  |                |                    |  |                |  |  |                 |                 |  |                 |  |  |       |  |                                 |       |                                                                   |  |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |                                                                   |  |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                 |  |      |                     |  |      |  |  |                |           |  |                |  |  |                 |  |  |                 |  |  |       |    |                                 |       |                                                                   |  |      |                       |  |      |  |  |                |                     |  |                |  |  |                 |           |  |                 |  |  |       |     |                                 |       |                                                                   |  |      |                  |  |      |  |  |                |                    |  |                |  |  |                 |                 |  |                 |  |  |       |   |                                 |       |                                                                   |  |      |                      |  |      |  |  |                |     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| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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FEI Number <b>72-1125034</b>                                                                            |  |                            |  |  |                                                       |  |  |       |                         |                                 |       |                                                                   |  |      |                     |  |      |  |  |                |           |  |                |  |  |                 |  |  |                 |  |  |       |    |                                 |       |                                                                   |  |      |                       |  |      |  |  |                |                     |  |                |  |  |                 |           |  |                 |  |  |       |     |                                 |       |                                                                   |  |      |                  |  |      |  |  |                |                    |  |                |  |  |                 |                 |  |                 |  |  |       |   |                                 |       |                                                                   |  |      |                      |  |      |  |  |                |                    |  |                |  |  |                 |                 |  |                 |  |  |       |  |                                 |       |                                                                   |  |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |                                                                   |  |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |                            |  |  |                                                       |  |  |       |                         |                                 |       |                                                                   |  |      |                     |  |      |  |  |                |           |  |                |  |  |                 |  |  |                 |  |  |       |    |                                 |       |                                                                   |  |      |                       |  |      |  |  |                |                     |  |                |  |  |                 |           |  |                 |  |  |       |     |                                 |       |                                                                   |  |      |                  |  |      |  |  |                |                    |  |                |  |  |                 |                 |  |                 |  |  |       |   |                                 |       |                                                                   |  |      |                      |  |      |  |  |                |                    |  |                |  |  |                 |                 |  |                 |  |  |       |  |                                 |       |                                                                   |  |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |                                                                   |  |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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Name and Address of New Registered Agent                                                                |  |                            |  |  |                                                       |  |  |       |                         |                                 |       |                                                                   |  |      |                     |  |      |  |  |                |           |  |                |  |  |                 |  |  |                 |  |  |       |    |                                 |       |                                                                   |  |      |                       |  |      |  |  |                |                     |  |                |  |  |                 |           |  |                 |  |  |       |     |                                 |       |                                                                   |  |      |                  |  |      |  |  |                |                    |  |                |  |  |                 |                 |  |                 |  |  |       |   |                                 |       |                                                                   |  |      |                      |  |      |  |  |                |                    |  |                |  |  |                 |                 |  |                 |  |  |       |  |                                 |       |                                                                   |  |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |                                                                   |  |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| <b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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Box Number is Not Acceptable)                                                         |  |                            |  |  |                                                       |  |  |       |                         |                                 |       |                                                                   |  |      |                     |  |      |  |  |                |           |  |                |  |  |                 |  |  |                 |  |  |       |    |                                 |       |                                                                   |  |      |                       |  |      |  |  |                |                     |  |                |  |  |                 |           |  |                 |  |  |       |     |                                 |       |                                                                   |  |      |                  |  |      |  |  |                |                    |  |                |  |  |                 |                 |  |                 |  |  |       |   |                                 |       |                                                                   |  |      |                      |  |      |  |  |                |                    |  |                |  |  |                 |                 |  |                 |  |  |       |  |                                 |       |                                                                   |  |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |                                                                   |  |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
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                                                                 |  |      |                     |  |      |  |  |                |           |  |                |  |  |                 |  |  |                 |  |  |       |    |                                 |       |                                                                   |  |      |                       |  |      |  |  |                |                     |  |                |  |  |                 |           |  |                 |  |  |       |     |                                 |       |                                                                   |  |      |                  |  |      |  |  |                |                    |  |                |  |  |                 |                 |  |                 |  |  |       |   |                                 |       |                                                                   |  |      |                      |  |      |  |  |                |     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| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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 |                                                                   |  |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |                                                                   |  |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |                                                                                                            |  |                            |  |  |                                                       |  |  |       |                         |                                 |       |                                                                   |  |      |                     |  |      |  |  |                |           |  |                |  |  |                 |  |  |                 |  |  |       |    |                                 |       |                                                                   |  |      |                       |  |      |  |  |                |                     |  |                |  |  |                 |           |  |                 |  |  |       |     |                                 |       |                                                                   |  |      |                  |  |      |  |  |                |                    |  |                |  |  |                 |                 |  |                 |  |  |       |   |                                 |       |                                                                   |  |      |                      |  |      |  |  |                |                    |  |                |  |  |                 |                 |  |                 |  |  |       |  |                                 |       |                                                                   |  |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |                                                                   |  |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">PD<br/>LASSEN, SIDNEY W.</td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td colspan="2" style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">2542 WILLIAMS BLVD.</td> <td></td> <td style="padding: 5px;">NAME</td> <td colspan="2" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">KENNER LA</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="2" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY - ST - ZIP</td> <td colspan="2" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">VS</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td colspan="2" style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">THOMAS A MASILLA, JR.</td> <td></td> <td style="padding: 5px;">NAME</td> <td colspan="2" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">2542 WILLIAMS BLVD.</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="2" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">CITY - 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OFFICERS AND DIRECTORS |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  | TITLE | PD<br>LASSEN, SIDNEY W. | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  | NAME | 2542 WILLIAMS BLVD. |  | NAME |  |  | STREET ADDRESS | KENNER LA |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | CITY - ST - ZIP |  |  | TITLE | VS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  | NAME | THOMAS A MASILLA, JR. |  | NAME |  |  | STREET ADDRESS | 2542 WILLIAMS BLVD. |  | STREET ADDRESS |  |  | CITY - ST - ZIP | KENNER LA |  | CITY - ST - ZIP |  |  | TITLE | VAS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  | NAME | BRODIE, JAMES W. |  | NAME |  |  | STREET ADDRESS | 2542 WILLIAMS BLVD |  | STREET ADDRESS |  |  | CITY - ST - ZIP | KENNER LA 70062 |  | CITY - ST - ZIP |  |  | TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  | NAME | MILLER, CHARLES E JR |  | NAME |  |  | STREET ADDRESS | 2542 WILLIAMS BLVD |  | STREET ADDRESS |  |  | CITY - ST - ZIP | KENNER LA 70062 |  | CITY - ST - ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | CITY - ST - ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | CITY - ST - ZIP |  |  |
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| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <b>SIGNATURE:</b>  <b>James W. Brodie, Vice President</b> 2/3/04 (504) 471-6200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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