


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 13, 2004 8:00 am**  
**Secretary of State**

09-13-2004 90004 026 \*\*\*150.00

<b>DOCUMENT # P21910</b>	
1. Entity Name <b>GORDON PAGE ASSOCIATES, INC.</b>	

Principal Place of Business <b>777 GLOUCESTER STREET SUITE 401 BRUNSWICK GE 31520 US</b>	Mailing Address <b>777 GLOUCESTER ST., SUITE 401 P.O. BOX 1396 BRUNSWICK GA 31521</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E034 (4/04)

4. FEI Number <b>58-1822277</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>DILLER, STEPHEN C.W. 13043 US 19 HUDSON FL 34667</b>	
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7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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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.

SIGNATURE  **STEPHEN C.W. DILLER** DATE **9/8/04**  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State</b>	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE <b>S</b>	<input type="checkbox"/> Delete
NAME <b>DILLER, STEPHEN C.W.</b>	
STREET ADDRESS <b>5849 THRUSH DRIVE</b>	
CITY-ST-ZIP <b>NEW PORT RICHEY FL 34652</b>	
TITLE <b>AS</b>	<input type="checkbox"/> Delete
NAME <b>BISHOP, JAMES A.</b>	
STREET ADDRESS <b>777 GLOUCESTER ST. S.401</b>	
CITY-ST-ZIP <b>BRUNSWICK GA 31520</b>	
TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>PAGE L.A.</b>	
STREET ADDRESS <b>531 ANCLOTE ROAD C-12</b>	
CITY-ST-ZIP <b>TARPON SPRINGS FL 34689</b>	
TITLE <b>VPD</b>	<input type="checkbox"/> Delete
NAME <b>PAGE, L.E.</b>	
STREET ADDRESS <b>531 ANCLOTE ROAD C-12</b>	
CITY-ST-ZIP <b>TARPON SPRINGS FL 34689</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>PAGE, T.W.</b>	
STREET ADDRESS <b>531 ANCLOTE ROAD C-12</b>	
CITY-ST-ZIP <b>TARPON SPRINGS FL 34689</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  **STEPHEN C.W. DILLER** DATE **9/8/04** 727-861-7777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR