2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 30, 2004 08:00 AM Secretary of State DOCUMENT # P92000009141 MERCURY PROPERTIES, INC. Principal Place of Business Mailing Address 8055 FOREST OAKS BLVD. 8055 FOREST OAKS BLVD. SPRING HILL, FL 34606 SPRING HILL, FL 34606 04282004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3212571 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DEES, RUSCH O DO NOT WRITE 8055 FOREST OAKS BLVD. SPRING HILL, FL 34606 IN THIS SPACE 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. Signature, typed or printed name of registered agent and life if applicable (NOTE Registered Agent signal are required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U00000142331 04/30/04-80048-006 158.75 OFFICERS AND DIRECTORS 10. P TITLE DEES, RUSCH O NAME STREET ADDRESS 7845 CHAUCER DR. SPRING HILL, FL 34607 CITY - ST - ZIP TITLE NAME STREET ADDRESS CATY - ST - ZIP NAME DO NOT WRITE STREET ADDRESS CITY ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE

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 of 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.

NAME. STREET ADDRESS CITY - ST - ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT

FILED