2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000059341

Entity Name: DOE & INGALLS OF FLORIDA INC.

FILED Jan 14, 2004 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
	RIE DAVIS DI	LORIDA, INC. R SUITE C-16 S		
Current M	lailing Addre	ss:	New Mailing Addres	ss:
	RIE DAVIS DI	LORIDA, INC. R, SUITE C-16 S		
El Number	: 59-3200300	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
EAS, MIC		OLIADE		
ACKSON		202 US	purpose of changing its registere	ed office or registered agent, or both,
ACKSON The above In the State	IVILLE, FL 32 named entity e of Florida.	202 US	purpose of changing its registere	ed office or registered agent, or both,
ACKSON The above In the State	IVILLE, FL 32 named entity of Florida. RE:	202 US submits this statement for the		ed office or registered agent, or both, Date
ACKSON The above In the Stati SIGNATU	NILLE, FL 32 named entity e of Florida. RE: Electro	202 US		
ACKSON The above the State BIGNATU	NILLE, FL 32 named entity e of Florida. RE: Electro	submits this statement for the nic Signature of Registered Ag	ent	
The above in the State SIGNATU Section Carollection Carollectics Carol	e named entity e of Florida. RE: Electro mpaign Financir S AND DIREC D (MERRICK, TH 1301 PERSON DURHAM, NC D (submits this statement for the nic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete OMAS P I STREET 27703) Delete	ent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title:	Date
ACKSON The above to the State SIGNATU Election Car OFFICER title:	e named entity e of Florida. RE: Electro mpaign Financir S AND DIREC D (MERRICK, TH 1301 PERSON DURHAM, NC	submits this statement for the nic Signature of Registered Agar Trust Fund Contribution (). CTORS:) Delete OMAS P I STREET 27703) Delete J	ent ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	Date BES TO OFFICERS AND DIRECTOR () Change () Addition

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: JAMES R. FELL VS 01/14/2004