


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000072937 1. Entity Name THE WIT GROUP, INC.	
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Principal Place of Business 113N. PALAFOX ST. PENSACOLA, FL 32501 US	Mailing Address 113N. PALAFOX ST. PENSACOLA, FL 32501 US
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3198247	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HUDSON, BYRON M II 11 EMORY DR PENSACOLA, FL 32506

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO HUDSON, BYRON M. II 11 EMORY DRIVE PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUDSON, JOHN M 9500 N LOOP RD PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO PAINTER, GORDON K. 472 N DEAN RD #205 AUBURN, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, ROBERT P 710 E SAMFORD AVE AUBURN, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RATCLIFF, ROBERT E 1228 REDWOOD LANE GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000018095
01/28/04-80120-017 158.75

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IN THIS SPACE**

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.

SIGNATURE:  **John M. Hudson** 1-14-04 850-433-3337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #