2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000080965

Entity Name: TRIMBLE MARR ENTERPRISES, INC.

FILED Apr 19, 2004 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

2475 NARCOOSSEE ROAD 5160 BOGGY CREEK RD ST CLOUD, FL ST CLOUD, FL 34771

Current Mailing Address: New Mailing Address:

2475 NARCOOSSEE ROAD 5367 WHISPERING PINE CIR ST CLOUD, FL ST CLOUD, FL 34771

FEI Number: 59-3210789 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TRIMBLE, JACK B
2475 NARCOOSSEE RD
ST. CLOUD, FL 34771 US
TRIMBLE, JACK B
5367 WHISPERING PINE CIR
ST. CLOUD, FL 34771 US

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.

SIGNATURE: 04/19/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete

Name: TRIMBLE, JACK
Address: 2475 NARCOOSSEE RD
City-St-Zip: ST CLOUD, FL 34771

Title: D () Delete
Name: TRIMBLE, LYNDA

Address: 5367 WHISPERING PINE CIR
City-St-Zip: SAINT CLOUD, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition

Name: TRIMBLE, JACK

Address: 5367 WHISPERING PINE CIR City-St-Zip: ST CLOUD, FL 34771

Title: () Change () Addition

Name: Address: Citv-St-Zip:

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: JACK TRIMBLE PRES 04/19/2004