

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000026263

FILED
Jan 31, 2004
Secretary of State

Entity Name: FOSSETT ENTERPRISES, INC.

Current Principal Place of Business:

2240 PALM BEACH LAKES BLVD.
SUITE 310
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

2240 PALM BEACH LAKES BLVD.
SUITE 310
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 65-0482805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSSETT, WALLACE L
13385 WHISPERING LANES LN.
PALAM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

FOSSETT, WALLACE L
13385 WHISPERING LANES LN.
PALM BEACH GARDENS, FL 33418 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: WALLACE L. FOSSETT

01/31/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: FOSSETT, BARBARA G
Address: 13385 WHISPERING LANES LN.
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VT () Delete
Name: FOSSETT, WALLACE L
Address: 13385 WHISPERING LANES LN
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: FOSSETT, BARBARA G
Address: 13385 WHISPERING LANES LN.
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VT (X) Change () Addition
Name: FOSSETT, WALLACE L
Address: 13385 WHISPERING LANES LN
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: WALLACE L. FOSSETT

VT

01/31/2004

Electronic Signature of Signing Officer or Director

Date