


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000036162 1. Entity Name GILES INVESTMENT MANAGEMENT, INC.	
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Principal Place of Business 611 WEST AZEELE ST. TAMPA, FL 33606	Mailing Address PO BOX 832 TAMPA, FL 33601
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DO NOT WRITE IN THIS SPACE



01182004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3254996	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, H. STRATTON III 611 WEST AZEELE ST. TAMPA, FL 33606
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (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	PST GILES, FRANCES E 469 SEVERN AVENUE TAMPA, FL 336063826
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILES, WILLIAM F 412 KIMBERLY DRIVE AUBURN, AL 36832
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FAY, ANNETTE G 492 WEST DAVIS BOULEVARD TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILES, ROBERT F JR. 504 RIVERIA DRIVE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILES, JAMES M 566 RHINE AVENUE W TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000010320 01/22/04-80026-016 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: Frances E Giles 01/19/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #