2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP

Feb 20, 2004 08:00 AM Secretary of State **DOCUMENT # P94000043702** R. WAYNE SUMLIN, CPA, P.A. Principal Place of Business Mailing Address 3000 LANGLEY AVE #200 3000 LANGLEY AVE #200 PENSACOLA, FL 32504 PENSACOLA, FL 32504 01082004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3254723 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent R WAYNE SUMLIN DO NOT WRITE 3000 LANGLEY AVE #200 PENSACOLA, FL 32504 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 egent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees <u>U000000060051</u> OFFICERS AND DIRECTORS 10 U2/23/04-80024-015 150.00 D TITLE SUMLIN, RW STREET ADDRESS 3711 SCENIC HWY. CITY-ST-ZIP PENSACOLA, FL 32504 TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED