2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 29, 2004 8:00 am Secretary of State DOCUMENT # P94000083173 01-29-2004 90107 013 ***150 00 1. Entity Name PIEDLOW, INC. Principal Place of Business Mailing Address 44000010 17 E 43RD ST #3 17 E 43RD ST #3 JACKSONVILLE, FL 32208 JACKSONVILLE, FL 32208 01232004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3278176 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PIEDLOW, ERIC W DO NOT WRITE 100 GREAT HARBOUR WAY **SUITE 1802** IN THIS SPACE PONTE VEDRA BEACH, FL 32082 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PIEDLOW, ERIC W NAME STREET ADDRESS % 17 E 43RD ST #3 CITY-ST-ZIP JACKSONVILLE, FL 32208 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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,

SIGNATURE:	Eric	Piedlow	Ecic	Picallow
	SIGNATURE AND TYPED OR PRINTED NAME OF RIGHING OFFICER OR DIRECTOR			

TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED