


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90323 042 ***150.00

DOCUMENT # P94000094139	
1. Entity Name JOHN D. CISSELL, INC.	

Principal Place of Business 1999 KINGS HIGHWAY CLEARWATER, FL 33755 US	Mailing Address 1999 KINGS HIGHWAY CLEARWATER, FL 33755 US
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24046059



2. Principal Place of Business 145 Osprey Lane Suite, Apt. #, etc.	3. Mailing Address PO Box 350 Suite, Apt. #, etc.
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04142004 Chg-P CR2E034 (10/03)

City & State Palm Harbor, FL	City & State Palm Harbor, FL
Zip 34683	Country United States
Zip 34682	Country United States

4. FEI Number 59-3277663	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 CISSELL, JOHN D 1999 KINGS HIGHWAY CLEARWATER, FL 33755	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 145 Osprey Lane City Palm Harbor FL Zip Code 34683	

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 _____ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CISSELL, JOHN D		NAME 145 Osprey Lane	
STREET ADDRESS 1999 KINGS HIGHWAY		STREET ADDRESS Palm Harbor, FL 34683	
CITY-ST-ZIP CLEARWATER, FL 33755		CITY-ST-ZIP Palm Harbor, FL 34683	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS NAME		STREET ADDRESS NAME	
CITY-ST-ZIP NAME		CITY-ST-ZIP NAME	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS NAME		STREET ADDRESS NAME	
CITY-ST-ZIP NAME		CITY-ST-ZIP NAME	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS NAME		STREET ADDRESS NAME	
CITY-ST-ZIP NAME		CITY-ST-ZIP NAME	

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.

SIGNATURE: John D Cissell **John D Cissell** 4-14-04 727-422-4849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #