


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90031 007 \*\*\*150.00

**DOCUMENT # P95000078015**

1. Entity Name  
**BUDDY & DEANNA LONG, INC.**



Principal Place of Business  
**6822 OLD POLK CITY  
 LAKELAND, FL 33809**

Mailing Address  
**6822 OLD POLK CITY  
 LAKELAND, FL 33809**

2. Principal Place of Business  
**601 N. MORGAN ST.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**3521 BELL Shoals Rd.**  
 Suite, Apt. #, etc.



01162004 Chg-P CR2E034 (10/03)

City & State  
**Tampa, FL**

City & State  
**VAIRICO, FL**

Zip  
**33602**

Country  
**USA**

Zip  
**33594**

Country  
**USA**

4. FEI Number  
**59-3342428**

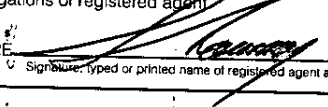
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LONG, D.C.**  
**6822 OLD POLK CITY**  
**LAKELAND, FL 33809**

7. Name and Address of New Registered Agent  
 Name **Shawn Long**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3521 BELL Shoals Rd**  
 City **VAIRICO** FL Zip Code **33594**

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  DATE **1-16-04**

Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

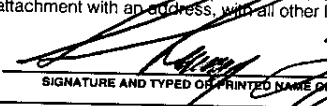
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LONG, D. C</b> <b>6822 OLD POLK CITY</b> <b>LAKELAND, FL 33809</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LONG, DEANNA</b> <b>6822 OLD POLK CITY</b> <b>LAKELAND, FL 33809</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>LONG, SHAWN</b> <b>36 CAMERLOT-RIDGE DR</b> <b>BRANDON, FL 33511</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>LONG, SHANNON</b> <b>17008 HAWK CREST DRIVE</b> <b>LITHIA, FL 33547</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **1-16-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #