


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000024829</b> 1. Entity Name <b>SEVEN DWARFS, INC.</b>	
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Principal Place of Business <b>3500 EMERALD COAST PKWY DESTIN, FL 32541 US</b>	Mailing Address <b>P.O. BOX 121 MARY ESTHER, FL 32519 US</b>
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**DO NOT WRITE IN THIS SPACE**



02132004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3371925</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>SEYMOUR, EDWARD H 35000 EMERALD COAST PKWY DESTIN, FL 32541</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLIN, JAMES 35000 EMERALD COAST PKWY DESTIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SEYMOUR, EDWARD H 35000 EMERALD COAST PKWY DESTIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAUL, BRUCE 35000 EMERALD COAST PKWY DESTIN, FL
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000000075300  
03/03/01-80054-007 150.00

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IN THIS SPACE**

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, 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **3/1/04** **850 267 9221**  
Date Daytime Phone #