2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # P96000055101 1. Entity Name 904 ASSOCIATES, INC.			0	5-03-2004 9	0750 040 ***150.0	00
Principal Place of Business 80 BEAL PKWY SW SUITE 2 FORT WALTON BEACH, FL 32548	Mailing Address P.O. BOX 1539 FORT WALTON BEACH	, FL 32549		32 Billi 4811 8811 8811		
2. Principal Place of Business 50 Blal Parkway SW	3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.			04292004	Chg-P	CR2E034 (10/03)	
City & State FORT Walton Beach, FL	City & State		4. FEI Number 63-11768	97		plied For LApplicable
zip32548 countySA	Zip	Country	5. Certificate of	Status Desired	\$8.75 Add	
6. Name and Address of Curren	t Registered Agent		7. Name and Ad	ldress of New R	legistered Agent	
GOURLEY, WARREN N		Namo				
50 BEAL PKWY SW SUITE 2		Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
FORT WALTON BEACH, FL 32548						
		City			FL Zip Code	
The above named entity submits this statement the obligations of registered agent.	for the purpose of changing it	s registered office or regis	tered agent, or both, i	n the State of Flo	orida. I am familiar with,	and accept
SIGNATURE Signature, typed or printed name or adjistered ager	if and title if applicable (NO	E Pegistered Agent signature requ	ied When reinsgeling)		QATE	
,	9. Election Campa			·		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550		tribution. \square A	5.00 May Be dded to Fees			į
10. OFFICERS AND		11.		ANGES TO OFF	ICERS AND DIRECTORS	
HTLE DP NAME GOURLEY, WARREN N STREET ADDRESS 50 BEAL PKWY SW, STE. 2 CRY-ST-ZIP FT WALTON BEACH, FL 3254	□ Delete:		ig Gourley 05 Crossivi + Worth T		☐ Change	X Addition
TITLE DST	☐ Delete:	TILE	1 WOLFK, 17		☐ Change	☐ Addition
NAME. GOURLEY, JOANNA S STREET ADDRESS 50 BEAL PKWY SW, STE. 2		NAME STREET ADDRESS				
CITY-ST-ZIP FT WALTON BEACH, FL 3254	3					
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STREET ADDRESS 50 BEAL PKWY SW SUITE 2 FT WALTON BCH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ Change	☐ Addition
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NAME - GOURLEY, WARREN N 50 BEAL PKWY SW SUITE 2 FT WALTON BCH, FL IIILE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP IIILE	Delete: Delete:	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ Change	☐ Addition

12. Thereby certify that the information supplied with this litting does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes, Fluther 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: March. Dowly WAREN N. GOURLEY 30 April D4 (250) 243-1313
SIGNATURE AND TYPED OR PRINTED NAME OF SCHING OFFICER OR DIRECTOR

Date Dayting From #