2005 FOR PROFIT CORPORATION

ANNUAL REPORT Feb 04, 2005 08:00 AN Secretary of State DOCUMENT # P96000101819 P. J. LOURCEY ENTERPRISES, INC. Principal Place of Business Mailing Address PALM BAY REST STOP 925 MARTINIQUE DR I-95, NORTHBOUND MERRITT ISLAND, FL 32953 US PALM BAY, FL 32909 01192005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3416586 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOURCEY, PATRICK J DO NOT WRITE 925 MARTINIQUE DRIVE MERRITT ISLAND, FL 32953 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 reinslating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PSD TITLE LOURCEY, PATRICK J NAME STREET ADDRESS 925 MARTINIQUE DRIVE CITY-ST-ZIP MERRITT ISLAND, FL 32953 ____U00000215141 02/04/05-80041-004 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS CITY - ST - 7IP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

Jac

CER OR DIRECTOR

2-1-05

Daytime Phone #

FILED