


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90032 037 ***150.00

DOCUMENT # P97000006102 1. Entity Name S C OF OKALOOSA CORPORATION					
Principal Place of Business 2620 HWY 73 SOUTH MARIANNA, FL 32447			Mailing Address 4502 HIGHWAY 20 E. SUITE A NICEVILLE, FL 32578		
2. Principal Place of Business 1018 HWY 98E Suite, Apt. #, etc. APT. 650		3. Mailing Address Suite, Apt. #, etc.		01282004 Chg-P CR2E034 (10/03)	
City & State DESTIN, FL		City & State		4. FEI Number 59-3423452	
Zip 32541		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURKE, LES W 221 MCKENZIE AVE PANAMA CITY, FL 32401				7. Name and Address of New Registered Agent Name PAUL SIMS Street Address (P.O. Box Number is Not Acceptable) 1018 HWY 98E, APT. 650 City DESTIN FL Zip Code 32541	
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: <u>Paul Sims</u> DATE: <u>3/31/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMS, PAUL 2620 HWY 73 SOUTH MARIANNA, FL 32447	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Paul Sims</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/31/04 850-897-6608 <small>Date Daytime Phone #</small>		