

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2004 8:00 am**  
**Secretary of State**

01-08-2004 90049 041 \*\*\*150.00

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01062004 Chg-P CR2E034 (10/03)

4. FEI Number  
59-3448077

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

KEITH, CHARLES G  
ROUTE 12 BOX 916  
LAKE CITY, FL 32025

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 resigning)

DATE

**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	Delete
D	KAHLICH, MIKE	ROUTE 1 BOX 145-K	LAKE CITY, FL 32055	<input type="checkbox"/>
D	MURPHY, TIM	P.O. BOX 2157	LAKE CITY, FL 32056	<input type="checkbox"/>
D	ALLINDER, DAVY	534 SOUTH ALACHUA STREET	LAKE CITY, FL 32025	<input type="checkbox"/>
D	CHESHIRE, RAYMOND	RT 7 BOX 384	LAKE CITY, FL 32055	<input type="checkbox"/>
D	PEELER, DALE	ROUTE 12 BOX 916	LAKE CITY, FL 32025	<input type="checkbox"/>
D	KEITH, CHARLIE	ROUTE 12 BOX 916	LAKE CITY, FL 32025	<input type="checkbox"/>

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	Kahllich, Mike	Rt. 1 Box 145-K	LAKE CITY, FL 32055	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	MURPHY, Tim	P.O. Box 2157	LAKE CITY, FL 32056	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Y	DETRATER, Rusty	Rt. 15 Box 871	LAKE CITY, FL 32024	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	GREEN, J.D.	P.O. Box 370	LAKE CITY, FL 32056	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Higgs, Ed	P.O. Box 238	LAKE CITY, FL 32056	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	Keith, Charles G.	Rt. 12 Box 916	LAKE CITY, FL 32025	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:

*Charles G. Keith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

1-7-04

DAYTIME PHONE

386-252-6927