


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90036 022 \*\*\*158.75

<b>DOCUMENT # P97000044584</b>	
1. Entity Name <b>DELAND FOREVER GREENS, INC.</b>	

Principal Place of Business <b>5382 ARAGON AVE. DELEON SPRINGS FL 32130</b>	Mailing Address <b>5382 ARAGON AVE. DELEON SPRINGS FL 32130</b>
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**66406388**



MOORE CR2E034 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-3453068</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>BRITTINGHAM, RALPH W 5382 ARAGON AVE. DELEON SPRINGS FL 32130</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 *Kristy Brittingham* DATE 2-27-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BRITTINGHAM, RALPH W</b>		NAME <b>BRITTINGHAM, RALPH W</b>	
STREET ADDRESS <b>5382 ARAGON AVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>DELEON SPRINGS FL 32130</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BRITTINGHAM, KRISTY</b>		NAME <b>BRITTINGHAM, KRISTY</b>	
STREET ADDRESS <b>5382 ARAGON AVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>DELEON SPRINGS FL 32130</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CLIFFORD, HIRSH</b>		NAME	
STREET ADDRESS <b>461 SHAW LAKE RD</b>		STREET ADDRESS	
CITY-ST-ZIP <b>PIERSON FL 32180</b>		CITY-ST-ZIP	
TITLE <b>S</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SANDERS, DAWN</b>		NAME	
STREET ADDRESS <b>315 W PENNSYLVANIA #1</b>		STREET ADDRESS	
CITY-ST-ZIP <b>DELAND FL 32720</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 *Kristy Brittingham* DATE 3-12-04 (386)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 985-6430