


FILED
Apr 07, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P97000051609 1. Entity Name SELLS ENTERPRISES INC.	
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Principal Place of Business 12711 U.S. HWY 19 HUDSON, FL 34667	Mailing Address 9640 RIDGE RD NEW PORT RICHEY, FL 34654
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01302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3452363	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent SELLS, DUANE A 9640 RIDGE ROAD NEW PORT RICHEY, FL 34654	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 _____ (NOTE: Registered Agent of, returns required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000105887 04/07/04-80043-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	SELLS, DUANE A
STREET ADDRESS	9640 RIDGE ROAD
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	VP
NAME	SELLS, BRIAN S
STREET ADDRESS	9640 RIDGE ROAD
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	T
NAME	SELLS, CAROLYN S
STREET ADDRESS	9640 RIDGE ROAD
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
 IN THIS SPACE

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: *Duane A. Sells* 4-5-04 727-819-2828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone