


**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90013 039 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P97000073344</b>					
<b>1. Entity Name</b> THE DETLOR CORPORATION					
<b>Principal Place of Business</b> 107 ST GEORGE STREET SAINT AUGUSTINE, FL 32084			<b>Mailing Address</b> 107 ST GEORGE STREET SAINT AUGUSTINE, FL 32084		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
			<b>4. FEI Number</b> 59-3466953		<b>Applied For</b> <input type="checkbox"/> Not Applicable
			<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
LEATHERS, LORA M 4020 GRANDE VISTA BOULEVARD #308 SAINT AUGUSTINE, FL 32084			Name LORA M. LEATHERS		
			Street Address (P.O. Box Number is Not Acceptable) 29 ALCIRA COURT		
			ST. AUGUSTINE, FL 32086		
			City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEATHERS, LORA M 4020 GRANDE VISTA BLVD #308 SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECONOMOU, LEON S 593 CHRISTINA DRIVE SAINT AUGUSTINE, FL 32086 <input type="checkbox"/> Delete		DIRECTOR AND PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LORA M. LEATHERS 29 ALCIRA COURT ST. AUGUSTINE, FL 32086 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D. MURPHY LEATHERS 29 ALCIRA COURT ST. AUGUSTINE, FL 32086 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		

**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 persons empowered.**

**SIGNATURE:**

*Lora M. Leathers* Jan 23, 2004 904-808-7014