2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004
Secretary of State

DOCUMENT# P97000102556

Entity Name: HANDS OFF, INC.

Current Principal Place of Business:

200 WEST FIRST ST. PO#4848
FRANK C. WHIGHAM, ATTORNEY
SANFORD, FL 32772

New Principal Place of Business:

Current Mailing Address:

200 WEST FIRST ST. PO#4848
FRANK C. WHIGHAM, ATTORNEY
SANFORD, FL 32772

New Mailing Address:

FEI Number: 59-3491470 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAMS, VIRGINIA M
4102 SUGAR PALM TERR
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

WHIGHAM, FRANK C
200 W. FIRST ST.
SANFORD, FL 32771 US

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.

SIGNATURE: FRANK C. WHIGHAM 04/20/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: RA ( ) Delete
Name: ADAMS, VIRGINIA M
Address: 4102 SUGAR PALM TERRACE
City-St-Zip: OVIEDO, FL 32765

Title: P (X) Delete
Name: ADAMS, VIRGINIA M
Address: 4102 SUGAR PALM TERRACE
City-St-Zip: OVIEDO, FL 32765

Title: S (X) Delete
Name: ADAMS, VIRGINIA M
Address: 4102 SUGAR PALM TERRACE
City-St-Zip: OVIEDO, FL 32765

Title: T (X) Delete
Name: ADAMS, VIRGINIA M
Address: 4102 SUGAR PALM TERRACE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: ADAMS, VIRGINIA M
Address: 411 SECOND ST.
City-St-Zip: SEDGWICK, CO 80749

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA M. ADAMS P 04/20/2004
Electronic Signature of Signing Officer or Director Date