2004 FOR PROFIT CORPORATION ANNUAL REPORT (AD)

DOCUMENT # P97000108898				Jan 30, 2004 08:00 AM	
1. Entity Name					Secretary of State
THREECAN, INC.					
Principal Place of Business Mailing Address			-	,,,	
116 NORWICH STREET GULF BREEZE FL 32561 US		116 NORWICH STREET GULF BREEZE FL 32561 US		,	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suste, Apt #, etc.			MOORE CR2E034 (11/03)
City & State		City & State		,	4. FEI Number 59-3491664 Applied For Not Applied by
Zip	Country	Zip	Country		5. Certificate of Status Desired See Required Fee Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent
HEADLEY, STEVEN R			Name		 -
116	NORWICH STREET F BREEZE FL 32561		Street	Address (P.O. Box Number is Not Acceptable)	
GOL	i Dittel i Color				
Cdy					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 agont and site if applicable (NOTE Registered Agen) signature registrated when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10. OFFICERS AND DIRECTORS 11.			11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
ITLE	P	☐ Defete	TITLE	T	☐ Change ☐ Addition
NAME STREET ADDRESS	HEADLEY, STEVEN R 116 NORWICH STREET		name Street address		. U00000023240 02.′02/04-80018-017 150.00
CITY-ST-2IP	GULF BREEZE FL 32561	□ Delete	C(TY'-ST-ZIP	-	
NAME	STANLEY, JOSEPH E	Th palete	NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	1410 VIA DELUNA PENSACOLA BEACH FL 32561	_	STREET ADDRESS CITY+ST-ZIP		
TITLE NAME	ST	☐ Delete	TITLE		Change Addition
STREET ADORESS CITY+ST-ZIP	HEADLEY, BONITA C 116 NORWICH STREET GULF BREEZE FL 32561		NAME STREET ADDRESS CITY-SI-ZIP		
TITLE	THE PERSON	☐ Delete	TITLE		☐ Change ☐ Addition
name Street address			name Street adoress		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
name Street Adoress			name Street address		
C3TY-\$T-Z3P			City-St-Zip		
TITLE NAME		☐ Delete	RITLE		☐ Change ☐ Addition
STREET ADDRESS			name Strect address		
CITY-ST-ZIP			ÇITY-ST-ZIP	1	

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: Strue R. Landon STEVEN R. HEADLY 1/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Output

Date

Date

Output

Date

Da

FILED

850-932-7800