

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000045523						FILED 04 NOV -3 PM 2:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1. Entity Name JOE PETE INVESTMENTS, INC.				Principal Place of Business P.O. BOX 1044 FREEPORT, FL 32439				Mailing Address P.O. BOX 1044 FREEPORT, FL 32439	
2. Principal Place of Business 16296 Perdido Key Drive Suite, Apt. #, etc.		3. Mailing Address 16296 Perdido Key Drive Suite, Apt. #, etc.				10292004 Chg-P CR2E034 (10/03)			
City & State Pensacola, FL		City & State Pensacola, FL		4. FEI Number 20-1812012		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
Zip 32507		Country USA		Zip 32507		Country USA			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent					
MATTHEWS, DANA C ESQ MATTHEWS & HAWKINS PA 4475 LENGENDARY DR. DESTIN, FL 32541				7. Name and Address of New Registered Agent					
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: <i>Joseph R. Gilchrist</i> Title: President Date: 10/29/04					
Amended AR is \$61.25				9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE P NAME LAIRD, HARRY A STREET ADDRESS P.O. BOX 1044 CITY-ST-ZIP FREEPORT, FL 32439 <input checked="" type="checkbox"/> Delete				TITLE D, P, S, T NAME Gilchrist, Joseph R. STREET ADDRESS 16296 Perdido Key Drive CITY-ST-ZIP Pensacola, FL 32507 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE ST NAME JONES, C. WAYNE STREET ADDRESS 184 TWELVE OAKS LN CITY-ST-ZIP FREEPORT, FL 32439 <input checked="" type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <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 like empowered.									
SIGNATURE: <i>Joseph R. Gilchrist</i> President Date: 10/29/04 Daytime Phone # 850-492-3130				SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					