## 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

1. Entity Nan	ne	# P9800004 FMENTS, INC.				04	NOV -	ED			
Principal Plac	ce of Business	<del></del>	Mailing Address				$\cap$	SE(	CRETAIN	SEE, FLO	ATE
P.O. BOX 10			P.O. BOX 1044				120	TAL	LAHAS:	SEE, FLO	KIUA
FREEPORT, FL 32439 FREEPORT, FL 32439							Mr		<b></b>		
9 Principal F	Place of Busin	APP	3. Mailing Address								
		Key Drive		16296 Perdido Key Drive				<b>a</b> 1849) (8)# 88)   88    8		#1106 #1110 F1#0# 13	
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			10292004	Chg-P	CR2E	034 (10/03)	
City & Star			City & State				4. FEI Numb	er		A	oplied For
Pensacola, FL			Pensacola, FL Zip Country				20-1	812013	<u> </u>		ot Applicable
32507	Country USA		32507	'					\$8.75 Add Fee Require		
	6. Name	and Address of Curren					7. Name and Address of New Registered Agent				
MATTHEV		Joseph R. Gilchrist									
	VS & HAW GENDARY						s (P.O. Box Number is Not Acceptable) erdido Key Drive				
DESTIN, F		DR,					•	/LIVE		The trade of the state of the s	
					City			11 11 12 11 11 11 11 11 11 11 11 11 11 1	Fl	Zip Cod	ę <sub>7</sub>
8. The above	named entity	submits this statement t	Pen	isacola ed agent, or bo	th, in the State of F			and accept			
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.  Joseph B. Gilchrist											
SIGNATURE JOSEPH & JULY						side			10/	29/04	and the same of th
Signature, typed or gented name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees											
10.		OFFICERS ANI	11.	<u> </u>		ADDITIONS	CHANGES TO OF	FICERS AN	D DIRECTOR	S IN 11	
TITLE	Р		<b>KK</b> Delete	*** * *****			P, S, T			X Change	☐ Addition
NAME STREET ADDRESS	LAIRD, HA		•					Joseph R ido Key D			
CITY-ST-ZIP		RT, FL 32439		CITY-ST-Z			sacola,	FL Rey D	32507		
TITLE	ST	NAVAN/AUT	XXDelete							☐ Change	☐ Addition
NAME STREET ADDRESS	JONES, C 184 TWEL	. WAYNE .VE OAKS LN		NAM STRI		117		<b>00042</b> 3/04010	42004		οg
CITY-ST-ZIP	FREEPOR	T, FL 32439		слү	-ST-ZIP						
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STREET ADDRESS			1		EET ADDRESS		900042 11/03/040104		42005	**8.7	3
CITY-ST-ZIP				СПУ	-ST-ZIP			7137			
TITLE NAME			☐ Delete	TITL						☐ Change	Addition
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CITY-ST-ZIP				_	-ST-ZIP				<del></del>		
TITLE NAME			☐ Delete	TIT.						Change	☐ Addition
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CITY-ST-ZIP			□ Delete	-	-ST-ZIP						□ A 4 1200
NAME			L Delete	TITLI NAM	Į.					Change	☐ Addition
STREET ADDRESS					ET ADDRESS						
12. I hereby	certify that the	information supplied wit	h this filing does not qualify fo		-ST-ZIP motion state	d in Ser	ction 119 07/3)	(i) Florida Statutos	I further co	etify that the in	oformation
12. I hereby certify that the information supplied with this filling 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.											
Jaseph R. Glichrist											
SIGNATURE: President 10/29/04 850-492-3130											<u>-2120</u>