

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000074012

Entity Name: HUMMINGBIRD GROWTH, INC.

FILED
Mar 31, 2004
Secretary of State

Current Principal Place of Business:

8222 W HWY 326
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

8222 W HWY 326
OCALA, FL 34482

New Mailing Address:

FEI Number: 36-4252467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRAYHORN, PATRICIA
8222 W HWY 326
OCALA, FL 34482 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: STRAYHORN, PATRICA
Address: 8222 W HWY 326
City-St-Zip: OCALA, FL 34482

Title: P () Delete
Name: STRAYHORN, LARRY
Address: 8222 W HWY 326
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STRAYHORN, PATRICIA
Address: 8222 W HWY 326
City-St-Zip: OCALA, FL 34482

Title: D (X) Change () Addition
Name: STRAYHORN, LARRY
Address: 8222 W HWY 326
City-St-Zip: OCALA, FL 34482

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: PATRICIA STRAYHORN

D

03/31/2004

Electronic Signature of Signing Officer or Director

_____ Date