


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90078 050 ***150.00

DOCUMENT # P98000078761			
1. Entity Name MOJO OF HERNANDO COUNTY, INC.			
Principal Place of Business 1230 MARINER BLVD SPRING HILL, FL 34609		Mailing Address 1230 MARINER BLVD SPRING HILL, FL 34609	
4130 LAMSON AVE		4130 LAMSON AVE	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. SPRING HILL, FL		Suite, Apt. #, etc. SPRING HILL, FL	
City & State		City & State	
Zip 34608	Country U.S.A.	Zip 34608	Country U.S.A.
6. Name and Address of Current Registered Agent NESSLER, PAUL H JR 4052 COMMERCIAL WAY SPRING HILL, FL 34606		7. Name and Address of New Registered Agent Name: NESSLER, PAUL H. JR. Street Address (P.O. Box Number is Not Acceptable) 10002 CORTEZ BLVD. City: SPRING HILL FL 34609	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ABELL, CHARLES T 1230 MARINER BLVD BROOKSVILLE, FL 34609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ABELL, CHARLES T. 4130 LAMSON AVE SPRING HILL, FL. 34608 <input checked="" 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: <u>Charles Abell</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 1-15-04 Daytime Phone #: 352-666-5610	
CHARLES ABELL			