

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90004 027 ***150.00

DOCUMENT # P99000025329		Secretary of State 05-24-2004 90004 027 ***150.00	
1. Entity Name MOLLY, INC.			
Principal Place of Business 4234 FRANCIS ANN COURT ZELLWOOD, FL 32798		Mailing Address POST OFFICE BOX 847 ZELLWOOD, FL 32798	
2. Principal Place of Business <i>203 Ventura Dr.</i> Suite, Apt. #, etc.		3. Mailing Address <i>203 Ventura Dr.</i> Suite, Apt. #, etc.	
City & State <i>Sanford Fl</i> Zip <i>32773</i>		City & State <i>Sanford Fl.</i> Zip <i>32773</i>	
6. Name and Address of Current Registered Agent MITCHELL, RAYMOND 4234 FRANCIS ANN COURT ZELLWOOD, FL 32798		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 <i>Raymond D. Mitchell</i> DATE <i>5/21/04</i> <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 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P MITCHELL, RAYMOND P. O. BOX 484 ZELLWOOD, FL 32798 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>P Mitchell Raymond 293 Ventura Dr. Sanford, Fl. 32773</i> <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	
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	
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>Raymond D. Mitchell</i> RAYMOND D. MITCHELL <i>5/21/04</i> 407 322-2829 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			