2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State
04-09-2004 90061 007 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P99000089562

1. Entity Name
THE 8400 CORPORATION

Principal Place of Business	Mailing Address
8401 S R 207 ELKTON FL 32033-0201	PO BOX 201 ELKTON FL 32033-0201

2. Principal Place of Business: 8401 SR 207 HASTINGS FL 32145	3. Mailing Address: 8401 SR 207
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HASTINGS, FL	City & State: HASTINGS FL
Zip: 32145 / Country:	Zip: 32145 / Country: ST. Johns

4. FEI Number: NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, MICHAEL L
8401 STATE RD 207
HASTINGS FL 32164

7. Name and Address of New Registered Agent

Name: SMITH, MichaeL L
Street Address (P.O. Box Number is Not Acceptable): 8401 STATE ROAD 207
City: HASTINGS FL Zip Code: 32145

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P SMITH, MICHAEL L PO BOX 201 ELKTON FL 32033-0201	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Michael L. Smith — 4-03-04 — 904-692-1865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #