2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000094244

FILED May 07, 2004 Secretary of State

Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BATES, DWIGHT D 714 SCALLOP DR. CAPE CANAVERAL, FL 32920 The above named entity submits this statement for the purpose of changing its registered office or registered agin the State of Florida. SIGNATURE: Date	Principal Place of Business: LOP DR NAVERAL, FL 32920 Mailing Address: LOP DR NAVERAL, FL 32920 Mailing Address: New Mailing Address: POBOX 1389 CAPE CANAVERAL, FL 32920 R: 59-3605014 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () d Address of Current Registered Agent: Name and Address of New Registered Agent: DWIGHT D LOP DR NAVERAL, FL 32920 BATES, DWIGHT D POBOX 1389 CAPE CANAVERAL, FL 32920 enamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, te of Florida. RE: 05/07/2004 Electronic Signature of Registered Agent Date new with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Impaign Financing Trust Fund Contribution (). SAND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PD () Delete BATES, DWIGHT D Name: Address: CITy-SI-Zip: OCHANGES TO GRIGHER () Addition Name: Address: CITy-SI-Zip:	B G G G M E T T T G G G G G G G T E T T	ocorciary or otate
Current Mailing Address: New Mailing Address: 714 SCALLOP DR. CAPE CANAVERAL, FL 32920 FEI Number: 59-3605014 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status I Name and Address of Current Registered Agent: Name and Address of New Registered Ag BATES, DWIGHT D 714 SCALLOP DR. CAPE CANAVERAL, FL 32920 The above named entity submits this statement for the purpose of changing its registered office or registered ag in the State of Florida. SIGNATURE: Doing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AN Title: PD () Delete Title: () Change () Addition Name: BATES, DWIGHT D PO BOX 1389 CAPE CANAVERAL, FL 32920 CAPE CANAVERAL, FL 32920 Address: City-St-Zip: CAPE CANAVERAL, FL 32920 Title: () Change () Addition Title: () Change () Addition Title: () Change () Addition	Mailing Address: New Mailing Address: LOP DR. NAVERAL, FL 32920 PO BOX 1389 CAPE CANAVERAL, FL 32920 RESP-3605014 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () d Address of Current Registered Agent: Name and Address of New Registered Agent: DWIGHT D LOP DR. NAVERAL, FL 32920 Re named entity submits this statement for the purpose of changing its registered office or registered agent, or both, te of Florida. RE: DS/07/2004 RE: Electronic Signature of Registered Agent Date Date Date Date Description of Signature of Registered Agent Date Date Description of Signature of Registered Agent Date Date Date Description of Signature of Registered Agent Date Date Date Description of Signature of Registered Agent Date Date Date Description of Signature of Registered Agent Date Date Date Dividing () Change () Addition Name: Address: CAPE CANAVERAL, FL 32920 VD () Delete BATES, DWIGHT D Name: Address: CAPE CANAVERAL, FL 32920 Title: () Change () Addition Name: Na	Entity Name: CAPT. SCOTT B, INC.	
Current Mailing Address: New Mailing Address: 714 SCALLOP DR. CAPE CANAVERAL, FL 32920 FEI Number: 59-3605014 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status I Name and Address of Current Registered Agent: Name and Address of New Registered Ag BATES, DWIGHT D 714 SCALLOP DR. CAPE CANAVERAL, FL 32920 The above named entity submits this statement for the purpose of changing its registered office or registered ag in the State of Florida. SIGNATURE: CO5/07/2004 Electronic Signature of Registered Agent In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AN Title: PD () Delete Title: () Change () Addition Name: Address: City-St-Zip: CAPE CANAVERAL, FL 32920 Title: () Change () Addition Title: () Change () Addition	Mailing Address: New Mailing Address: LOP DR. NAVERAL, FL 32920 PO BOX 1389 CAPE CANAVERAL, FL 32920 REI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () d Address of Current Registered Agent: Name and Address of New Registered Agent: DWIGHT D LOP DR. NAVERAL, FL 32920 Re named entity submits this statement for the purpose of changing its registered office or registered agent, or both, te of Florida. RE: Electronic Signature of Registered Agent Date Date Desired Agent Date Date Desired Agent Date Desired () Change () Addition Name: Address: Desired Agent Desired Agent Desired Agent Desired Agent Desired () Change () Addition Name:		
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714 SCALLOP DR. CAPE CANAVERAL, FL 32920 FEI Number: 59-3605014 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status I Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BATES, DWIGHT D 714 SCALLOP DR. CAPE CANAVERAL, FL 32920 The above named entity submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. SIGNATURE: D5/07/2004 Electronic Signature of Registered Agent In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AN Title: PD () Delete Title: () Change () Addition Name: Address: PO BOX 1389 CAPE CANAVERAL, FL 32920 City-St-Zip: Title: VD () Delete Title: () Change () Addition	CAPE CANAVERAL, FL 32920 P O BOX 1389 CAPE CANAVERAL, FL 32920 r: 59-3605014 FEI Number Applied For () Address of Current Registered Agent: Name and Address of New Registered Agent: DLOP DR. P O BOX 1389 CAPE CANAVERAL, FL 32920 Enamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, the of Florida. RE: 05/07/2004 Electronic Signature of Registered Agent Date Date		
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Address: PO BOX 1389 Address:		Name: BATES, LISA A Address: PO BOX 1389	Name: Address:

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: LISA A BATES VD 05/07/2004