

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S07195

Entity Name: FIMC HIDEAWAY, INC.

FILED  
Apr 30, 2004  
Secretary of State

## Current Principal Place of Business:

P O BOX 1435  
GAINESVILLE, FL 32602 US

## New Principal Place of Business:

P O BOX 357246  
GAINESVILLE, FL 32635 US

## Current Mailing Address:

P O BOX 1435  
GAINESVILLE, FL 32602 US

## New Mailing Address:

P O BOX 357246  
GAINESVILLE, FL 32635 US

FEI Number: 59-3062492

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WEBER, MARY L  
5415 SW 13TH ST  
GAINESVILLE, FL 32602 US

## Name and Address of New Registered Agent:

MCBRIDE, ROBERT M  
3300 N.W 28 PL  
GAINESVILLE, FL 32606 US

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: ROBERT MCBRIDE

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WEBER, MARY L  
Address: 5415 SW 13TH ST  
City-St-Zip: GAINESVILLE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MCBRIDE, ROBERT M  
Address: 3300 NW 28TH PLACE  
City-St-Zip: GAINESVILLE, FL 32606

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: ROBERT MCBRIDE

PRES

04/30/2004

Electronic Signature of Signing Officer or Director

Date