2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Jan 23, 2004 8:00 am Secretary of State DOCUMENT # S07380 1. Entity Name 01-23-2004 90014 029 ***150.00 TEW HITCH CITY, INC. Principal Place of Business Mailing Address 1450 NORTH NOVA ROAD HOLLY HILL, FL. 32117 - 1450 NORTH NOVA ROAD HOLLY HILL, FL-32117 01142004 No Cha-P CB2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3032289 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WELLS, SYLVAN A DO NOT WRITE 618 N WILD OLIVE AVE DAYTONA BEACH, FL 32118 IN THIS SPACE 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees 1 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIREC TITLE' TEW, ROBERT D NAME 1450 NORTH NOVA ROAD STREET ADDRESS HOLLY HILL, FL CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP IIILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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