
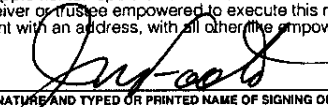


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90031 013 \*\*\*150.00

<b>DOCUMENT # S13638</b>					
1. Entity Name <b>FOOTE ENTERPRISES, INC.</b>					
Principal Place of Business <b>2800 NOVA ROAD DAYTONA BEACH, FL 32119 US</b>			Mailing Address <b>18 PINE VALLEY CIR. ORMOND BCH., FL 32174-3821 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3038559</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>FOOTE, JAMES J. 18 PINE VALLEY CIRCLE ORMOND BCH., FL 32174</b>				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D FOOTE, JAMES J. 18 PINE VALLEY CIRCLE ORMOND BEACH, FL 321743821		TITLE	Change Addition	
NAME	Delete		NAME	Change Addition	
STREET ADDRESS	Delete		STREET ADDRESS	Change Addition	
CITY - ST - ZIP	Delete		CITY - ST - ZIP	Change Addition	
TITLE	D CYNTHIA K FOOTE 18 PINE VALLEY CIRCLE ORMOND BEACH, FL 321743821		TITLE	Change Addition	
NAME	Delete		NAME	Change Addition	
STREET ADDRESS	Delete		STREET ADDRESS	Change Addition	
CITY - ST - ZIP	Delete		CITY - ST - ZIP	Change Addition	
TITLE	Delete		TITLE	Change Addition	
NAME	Delete		NAME	Change Addition	
STREET ADDRESS	Delete		STREET ADDRESS	Change Addition	
CITY - ST - ZIP	Delete		CITY - ST - ZIP	Change Addition	
TITLE	Delete		TITLE	Change Addition	
NAME	Delete		NAME	Change Addition	
STREET ADDRESS	Delete		STREET ADDRESS	Change Addition	
CITY - ST - ZIP	Delete		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 the empowered.					
SIGNATURE: 			2/21/04 386 672-9510		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

94020838



01262004 Chg-P CR2E034 (10/03)