

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 15 PM 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04032004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3044720

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

FAIRCLOTH, CHARLES E.  
460 HARRISON AVE  
PANAMA CITY, FL 32401

DO NOT WRITE  
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)

DATE

700033227687  
04/21/04--01011--027 \*\*158.75

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FAIRCLOTH, CHARLES E
STREET ADDRESS	460 HARRISON AVE.
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	D
NAME	GRIMSLEY, WILLIAM C JR
STREET ADDRESS	460 HARRISON AVE.
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES FAIRCLOTH - 6 - OK

Date

Daytime Phone #

850-785-2849

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