


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # S42651 1. Entity Name LANCE ORDNANCE COMPANY, INC.	
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Principal Place of Business 125 SE SWISHER ROAD MAYO, FL 32066	Mailing Address 125 SE SWISHER ROAD MAYO, FL 32066
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DO NOT WRITE IN THIS SPACE



07152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3059508	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCCRAY, HAROLD L 125 SE SWISHER ROAD MAYO, FL 32066
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**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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	P MCCRAY, HAROLD L. HC ROUTE 1 BOX 100 CO RD 357 MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY ST ZIP	VP MCCRAY, HENRY J HC ROUTE 1 BOX 100 CO RD 357 MAYO, FL 32066
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1100000167263
07/19/04-80018-005 550.00

UD00000167263
07/19/04-80018-006 8.75

**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 files empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	7-16-04 Date	386-294-3634 Daytime Phone #
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