
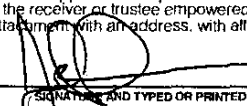


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90062 032 ***150.00

DOCUMENT # S58109 1. Entity Name FADDIS, OLDHAM & SMITH, P.A.			
Principal Place of Business 100 S ORANGE AVE STE 200 ORLANDO, FL 32801-2328 US		Mailing Address 100 S ORANGE AVE STE 200 ORLANDO, FL 32801-2328 US	
2. Principal Place of Business 2709 W. Fairbanks Ave. Suite, Apt. #, etc. Suite 200 City & State Winter Park, FL Zip 32789 Country Orange		3. Mailing Address 2709 W. Fairbanks Ave. Suite, Apt. #, etc. Suite 200 City & State Winter Park, FL Zip 32789 Country Orange	
4. FEI Number 59-3077830		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FADDIS, ERIC H. 100 S ORANGE AVE STE 200 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 2709 W. Fairbanks Ave., Ste. 200 City Winter Park FL Zip Code 32789	
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. (NOTE: Registered Agent signature required when reinstating.)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FADDIS, ERIC H. 100 S. ORANGE AVE., STE 200 ORLANDO, FL 32801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2709 W. Fairbanks Ave., Ste. 200 Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.			
SIGNATURE: 		John R. Oldham 3-17-04 407-892-1050 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>	