## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S69828				FILED
1. Entity Name VOYAGER SOUTH, INC.			04 OCT -4 PM 2: 10	
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	6.4-20	ODO WE TH	SEURE	TARY OF STATE IASSEE, FLORIDA
Principal Place of Business P.O. BOX 2922	Mailing Address P.O. BOX 2922		PALLAN	IASSEE, FLORIDA
PENSACOLA, FL 32513	PENSACOLA, FL 3251:	3		
				HICATORI OTORI OLUTI OSBIS OLUSI MIDISDOĆ SI KRAL
2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc. Suite, Apt. #, etc.				::: BIBI)
Suite, Apt. #, etc.			07132004 Chg-P	CR2E034 (10/03)
City & State	City & State City & State		4. FEI Number	Applied For
Zip Country	Zip	Country	59-3077424	Not Applicable  \$8.75 Additional
			5. Certificate of Status Desired	Fee Required
6. Name and Address of Current Registered Agent		Name	7. Name and Address of New Registered Agent Name	
DOUGLAS, H. HAROLD 1084 WILLOWBRANCH AVENUE TAMPA, FL 32204		Street Address	Street Address (P.O. Box Number is Not Acceptable)	
		Silvet Address	Sileet Address (F.O. Box Number is Not Acceptable)	
, = <del></del>				
		City		FL Zip Code
8. The above named entity submits this statement	for the purpose of changing its	registered office or regist	tered agent, or both, in the State of F	lorida. I am familiar with, and accept
the obligations of registered agent.				
Signature. typed or printed name of registered age	ent and late if applicable. (NOT	E: Registered Agent signature requi	red when reinstating)	DATE
Due by September 8, 2004	9. Election Campai	~ ~ ~		with s. 607.193(2)(b), F.S., the Lnot receive the prior notice.
10. OFFICERS AN	ID DIRECTORS	11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 11
TIME P	☐ Delete	TITLE	30004	160€€€am€3 Addition 041011 **150.00
NAME DOUGLAS, HAROLD STREET ADDRESS 1084 WILLOWBRANCH AVE.		NAME STREET ADDRESS	10/05/0401	041011 ****30*00
CITY-ST-ZIP JACKSONVILLE, FL 32204		CITY-ST-ZIP		
TITLE	Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS		
CITY-SI-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS		
CHY-ST-ZIP		CITY-ST-ZIP		
TITLE				-
	☐ Delete	TITLE		Change Addition
NAME STREET ADDRESS	∟ Delete	NAME		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	∟ Delete			Change \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
STREET ADDRESS	□ Delete	NAME STREET ADDRESS		Change   Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		P5-10/N
STRECT ADDRESS CITY-ST-ZIP TITLE		NAME STREET ADDRESS CITY-ST-ZIP TITLE		P5-10/N
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		P5-10/N
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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 we inclicated on this report or suppliedmental report	Delete  Delete  Ocidete	NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  r the exemption stated in my signature shall have the	Section 119.07(3)(i), Florida Statutes le same legal effect as if made unde 107, Florida Statutes; and that my na	Change   Addition
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 windicated on this report or supplemental report of the corporation or the receiver or trustee en changed, or on an attachment with an address	Delete  Delete  Ocidete	NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  r the exemption stated in my signature shall have the	Section 119.07(3)(i), Florida Statutes le same legal effect as if made unde 607, Florida Statutes; and that my nar	Change   Addition
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 windicated on this report or supplemental report of the corporation or the receiver or trustee en changed, or on an attachment with an addres  SIGNATURE:	Delete  Delete  Ocidete	NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  IT THE EXEMPTION STATED IN THE EXEMPTIO	Section 119.07(3)(i), Florida Statutes le same legal effect as if made unde 307, Florida Statutes; and that my nar	Change   Addition