2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004
Secretary of State

DOCUMENT# S85650

Entity Name: PREBLE-RISH, INC.

Current Principal Place of Business:

301 E 1ST STREET
3RD FLOOR
PORT SAINT JOE, FL 32456 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 639
PORT SAINT JOE, FL 32457 US

New Mailing Address:

FEI Number: 59-3089125 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GIBSON, THOMAS S.
303 4TH STREET
PORT ST JOE, FL 32456 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	VS	( ) Delete
Name:	KENNEDY, WILLIAM J	
Address:	1612 MONUMENT AVENUE	
City-St-Zip:	PORT SAINT JOE, FL 32456	
Title:	VT	( ) Delete
Name:	FOREHAND, CHRISTOPHER B	
Address:	1409 INVERNESS ROAD	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:	V	(X) Delete
Name:	JONES, PHILIP A	
Address:	505 NAUTILUS DRIVE	
City-St-Zip:	PORT SAINT JOE, FL 32456	
Title:	P	( ) Delete
Name:	JONES, PHILIP A	
Address:	505 NAUTILUS DRIVE	
City-St-Zip:	PORT SAINT JOE, FL 32456	
Title:	V	( ) Delete
Name:	KNAOUER, CLIFFORD L	
Address:	110 GOLF CLUB DRIVE	
City-St-Zip:	SANTA ROSA BEACH, FL 32459	
Title:	V	( ) Delete
Name:	KENNEDY, DAVID C	
Address:	140 BETTY DRIVE	
City-St-Zip:	PORT SAINT JOE, FL 32456	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	V	(X) Change ( ) Addition
Name:	KNAUER, CLIFFORD L	
Address:	110 GOLF CLUB DRIVE	
City-St-Zip:	SANTA ROSA BEACH, FL 32459	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP A. JONES P 04/20/2004

Electronic Signature of Signing Officer or Director Date