


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # S91746 1. Entity Name GROUP ONE PRODUCTIONS, INC.	
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Principal Place of Business 2555 TEMPLE TRAIL WINTER PARK, FL 32789	Mailing Address 2555 TEMPLE TRAIL WINTER PARK, FL 32789
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DO NOT WRITE IN THIS SPACE



02262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3093581	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 SAUNDERS, BURT L. 1780 4TH STREET SOUTH NAPLES, FL 33940	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUGLEBURG, LYLE P 2555 TEMPLE TRAIL WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOCH, ROBERT A. 2555 TEMPLE TRAIL WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUZAR, FREDERICK W. 2555 TEMPLE TRAIL WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAUNDERS, BURT L. 2555 TEMPLE TRAIL WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/01/04-80081-025 150.00

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	2/27/04 Date Daytime Phone #
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