2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 11, 2004 08:00 AM Secretary of State DOCUMENT # V07351 1. Entity Name CALDWELL ENTERPRISES, INC. Principal Place of Business Mailing Address 6 CARTER TERRACE 6 CARTER TERRACE DAYTONA BEACH, FL 32118 DAYTONA BEACH, FL 32118 01192004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3111785 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CALDWELL, GREGORY LEE DO NOT WRITE 6 CARTER TERRACE DAYTONA BEACH, FL 32118 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. Signature, typed or printed name of registered agent and title if applicable, (NOTE Registered Agent signature required when reinstating) CATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U00000085547 Trust Fund Contribution. Added to Fees 03/11/04-80055-021 150.00 OFFICERS AND DIRECTORS 10. TITLE CALDWELL, JERRY LEE NAME STREET ADDRESS 6 CARTER TER CITY-ST-ZIP DAYTONA BEACH, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TETLE

12. I hereby certify that the information supplied with this filling 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 puter like improvered.

SIGNATURE: E OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS CITY-ST-ZIP

3-4-114 386-788-4280