

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V17370

Entity Name: MEDALLION GROUP, INC.

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

1800 SECOND STREET
975
SARASOTA, FL 34236 US

Current Mailing Address:

P.O. BOX 2899
SARASOTA, FL 34230 US

New Principal Place of Business:

1800 SECOND STREET
SUITE 975
SARASOTA, FL 34236 US

New Mailing Address:

FEI Number: 65-0316510 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, ROBERT A.
1800 SECOND STREET
975
SARASOTA, FL 34236 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: PTD () Delete
Name: MORRIS, CHARLES H.O.
Address: 1800 SECOND STREET
City-St-Zip: SARASOTA, FL 34236 US

Title: VSD () Delete
Name: MORRIS, MARILEE ANN
Address: 1800 SECOND STREET
City-St-Zip: SARASOTA, FL 34236 US

Title: D () Delete
Name: MORRIS, ROBERT A
Address: 1800 SECOND STREET
City-St-Zip: SARASOTA, FL 34236 US

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:

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: CHARLES H. O. MORRIS

PTD

04/30/2004

Electronic Signature of Signing Officer or Director

Date