

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000025128

FILED  
Aug 17, 2004  
Secretary of State

Entity Name: 4810 INC.

**Current Principal Place of Business:**

3617 WEST NAVY BLVD.  
PENSACOLA, FL 32505

**New Principal Place of Business:**

**Current Mailing Address:**

295 BOBWHITE DRIVE  
PENSACOLA, FL 32514

**New Mailing Address:**

FEI Number: 57-1158757

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GALUSHA, PAUL  
3617 WEST NAVY BLVD.  
PENSACOLA, FL 32505 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: PST ( ) Delete  
Name: GALUSHA, PAUL  
Address: 295 BOBWHITE DRIVE  
City-St-Zip: PENSACOLA, FL 32514

Title: VP ( ) Delete  
Name: GALUSHA, KIMBERLY B  
Address: 295 BOBWHITE DRIVE  
City-St-Zip: PENSACOLA, FL 32514

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: BACHMAN, EDWARD P  
Address: 5304 STILES LANE  
City-St-Zip: PACE, FL 32571

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: PAUL GALUSHA

PST

08/17/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date