

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000025128

FILED
Aug 18, 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: VP () Delete
Name: BACHMAN, EDWARD P
Address: 5304 STILES LANE
City-St-Zip: PACE, FL 32571

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

Title: TR () Change (X) Addition
Name: EWING, PAUL A
Address: 211 BROADMOOR LN.
City-St-Zip: PENSACOLA, FL 32507

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

08/18/2004

Electronic Signature of Signing Officer or Director

_____ Date