

2004 FOR PROFIT CORPORATION ANNUAL REPORT


P97000084884

FILED

04 SEP 20 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
66433195

DOCUMENT # P97000084884
1. Entity Name
FOUR CORNERS HOLDING, INC.



Principal Place of Business 1655 91ST CT. VERO BEACH, FL 32966	Mailing Address 1655 91ST CT. VERO BEACH, FL 32966
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DO NOT WRITE IN THIS SPACE

06012004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0819699	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent
BERG, PAUL R
2770 INDIAN RIVER BLVD., SUITE 501
VERO BEACH, FL 32960

DO NOT WRITE 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) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LOCKWOOD, DAVID 1655 91ST CT. VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FLYNN, MICHAEL 1655 91ST CT. VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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] 8/30/04 772-564-9355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #