


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90004 018 ***150.00


DOCUMENT # 635964
 1. Entity Name
PAGE FAMILY CORPORATION



Principal Place of Business Mailing Address
203 N. KINGS ROAD **PO BOX 1382**
CALLAHAN, FL 32011 US **CALLAHAN, FL 32011**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



02282004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
PAGE, JOHN H
~~4508 BISMARCK RD~~ **45108 PEYTON LN**
CALLAHAN, FL 32011
(ADDRESS CHANGE ONLY)

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PAGE, JOHN H	
STREET ADDRESS	4508 BISMARCK RD 45108 Peyton Ln	
CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, MARLENE PAGE	
STREET ADDRESS	4001 HAZEL JONES ROAD	
CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PAGE, RONALD, E	
STREET ADDRESS	4805 NORTHRIDGE PL NE	
CITY-ST-ZIP	ALBUQUERQUE, NM	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	45108 PEYTON LN	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: John H. Page **JOHN H. PAGE** 1 Mar 04 904-879-7082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #