


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90061 007 ***150.00

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1. Entity Name
THE 8400 CORPORATION



Principal Place of Business
**8401 S R 207
 ELKTON FL 32033-0201**

Mailing Address
**PO BOX 201
 ELKTON FL 32033-0201**

54029594



MOORE CR2E034 (11/03)

2. Principal Place of Business
**8401 SR 207
 HASTINGS FL 32145**

Suite, Apt. #, etc.

3. Mailing Address
8401 SR 207

Suite, Apt. #, etc.

City & State
HASTINGS, FL

City & State
HASTINGS FL

Zip
32145

Country
ST. JOHNS

4. FEI Number
NO-T APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, MICHAEL L
 8401 STATE RD 207
 HASTINGS FL 32164**

7. Name and Address of New Registered Agent

Name
SMITH, MICHAEL L

Street Address (P.O. Box Number is Not Acceptable)
8401 STATE ROAD 207

City
HASTINGS

State
FL

Zip Code
32145

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

<input checked="" type="checkbox"/> P	<input type="checkbox"/> Delete
NAME SMITH, MICHAEL L	
STREET ADDRESS PO BOX 201	
CITY-ST-ZIP ELKTON FL 32033-0201	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE 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: Michael L. Smith **4-03-04** **904-692-1865**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #