


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90566 015 \*\*\*\*61.25

**DOCUMENT # N0000006057**  
1. Entity Name  
**DOWNTOWN PROMOTIONS, INC.**



Principal Place of Business: **40 S DEWEY ST STE 1 EUSTIS FL 32726**  
Mailing Address: **P.O. BOX 164 EUSTIS FL 32727**

2. Principal Place of Business: **200 N. Bay Street**  
Suite, Apt. #, etc.

3. Mailing Address:   
Suite, Apt. #, etc.


City & State: **Eustis, Florida**  
Zip: **32726** Country: **U.S.A.**

City & State:   
Zip: Country:

4. FEI Number: **59-3670627** Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75** Additional Fee Required.

MOORE CR2E037 (11/03)



**6. Name and Address of Current Registered Agent**  
**RUDD, CHARLES**  
**40 S DEWEY ST**  
**STE 1**  
**EUSTIS FL 32726**

**7. Name and Address of New Registered Agent**  
Name: **Charles Rudd**  
Street Address (P.O. Box Number is Not Acceptable): **200 N. Bay Street**  
City: **Eustis** FL Zip Code: **32726**

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: *Charles Rudd* *Progen Minger* DATE: **4/26/04**

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE: <b>DP</b>	<input type="checkbox"/> Delete
NAME: <b>BOCK, RICHARD</b>	
STREET ADDRESS: <b>42 E MAGNOLIA AVENUE</b>	
CITY-ST-ZIP: <b>EUSTIS FL 32726</b>	
TITLE: <b>DVP</b>	<input type="checkbox"/> Delete
NAME: <b>FORBES, TINA</b>	
STREET ADDRESS: <b>33 TOWNHILL DRIVE</b>	
CITY-ST-ZIP: <b>EUSTIS, FL 32726</b>	
TITLE: <b>DT</b>	<input type="checkbox"/> Delete
NAME: <b>SEMENTO, SHARRON</b>	
STREET ADDRESS: <b>22 CYPRESS DR</b>	
CITY-ST-ZIP: <b>EUSTIS FL 32726</b>	
TITLE: <b></b>	<input type="checkbox"/> Delete
NAME: <b></b>	
STREET ADDRESS: <b></b>	
CITY-ST-ZIP: <b></b>	
TITLE: <b></b>	<input type="checkbox"/> Delete
NAME: <b></b>	
STREET ADDRESS: <b></b>	
CITY-ST-ZIP: <b></b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE: <b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>Jill Baker</b>	
STREET ADDRESS: <b>215 N. Barnes Avenue</b>	
CITY-ST-ZIP: <b>Eustis, FL 32726</b>	
TITLE: <b>DVP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>Tina Forbes</b>	
STREET ADDRESS: <b>245 E. 3rd Avenue</b>	
CITY-ST-ZIP: <b>Mt. Dora, FL 32757</b>	
TITLE: <b>DT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>Richard Bock</b>	
STREET ADDRESS: <b>42 E. Magnolia Avenue</b>	
CITY-ST-ZIP: <b>Eustis, FL 32726</b>	
TITLE: <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b></b>	
STREET ADDRESS: <b></b>	
CITY-ST-ZIP: <b></b>	
TITLE: <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b></b>	
STREET ADDRESS: <b></b>	
CITY-ST-ZIP: <b></b>	

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 617, 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: *Shirley P. Forbes* DATE: **4/21/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR