

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

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90017 004 ****61.25



DOCUMENT # N01000008375
1. Entity Name
**THE WARLOCKS M.C. OF HERNANDO COUNTY,
FLORIDA, INC.**

Principal Place of Business Mailing Address
**15465 WISCON RD
BROOKSVILLE FL 34613** **15465 WISCON RD
BROOKSVILLE FL 34613**

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

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
01-0662673 Not Applicable

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



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
**DUPREE, KEVIN
15465 WISCON RD
BROOKSVILLE FL 34613**

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: *[Signature]* DATE: **3/18/04**

**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	VPD	<input checked="" type="checkbox"/> Delete
NAME	STRYSKO, MYRON M	
STREET ADDRESS	276 POMELO ST.	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	DSTD	<input type="checkbox"/> Delete
NAME	DECKER, LARRY	
STREET ADDRESS	1093 MARLOW AVE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DUPREE, KEVIN	
STREET ADDRESS	5151 TEATHER ST	
CITY-ST-ZIP	SPRING HILL FL 34608	
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 10

TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrew Kutz	
STREET ADDRESS	P.O. Box 3368	
CITY-ST-ZIP	Spring Hill, FL 34611	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mike Clements	
STREET ADDRESS	8364 Eldridge Rd.	
CITY-ST-ZIP	Springhill, FL 34608	
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 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: *[Signature]* DATE: **3/18/04** Daytime Phone #