2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2004
Secretary of State

DOCUMENT# N47910

Entity Name: SUN 'N FUN VETTES, INC.

Current Principal Place of Business:

14716 SAN MARSALA
TAMPA, FL 33626 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 272311
TAMPA, FL 33688 US

New Mailing Address:

FEI Number: 59-3112050 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLINE, STEVE
17319 SIMMONS RD
LUTZ, FL 33549

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VPD	( ) Delete
Name:	CORPRIDER, CHRIS	
Address:	5701 DLADEN ST	
City-St-Zip:	TEMPLE TERRACE, FL 33647	
Title:	P	( ) Delete
Name:	STUBBS, BILL	
Address:	1908 N MARYLAND AVE	
City-St-Zip:	TAMPA, FL 33624	
Title:	D	( ) Delete
Name:	KLINE, STEVE	
Address:	17319 SIMMONS RD	
City-St-Zip:	LUTZ, FL 33549	
Title:	ED	( ) Delete
Name:	PERKINS, TOM	
Address:	16827 BLENHELM DR	
City-St-Zip:	LUTZ, FL 33548	
Title:	S	( ) Delete
Name:	STRANSKU, SUZY	
Address:	28435 GREAT BAND PL	
City-St-Zip:	ZEPHYRHILLS, FL 33543	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	VPD	(X) Change ( ) Addition
Name:	CARROLL, CAROL	
Address:	6960 QUAIL HOLLOW BLVD.	
City-St-Zip:	WESLEY CHAPEL, FL 33544	
Title:	P	(X) Change ( ) Addition
Name:	KELLY, REX	
Address:	35019 DOLPHIN LAKE DR.	
City-St-Zip:	ZEPHRYHILLS, FL 33541	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	ED	(X) Change ( ) Addition
Name:	PERKINS, TOM	
Address:	14716 SAN MARSALS CT	
City-St-Zip:	TAMPA, FL 33626	
Title:	S	(X) Change ( ) Addition
Name:	STRANSKU, SUZY	
Address:	28435 GREAT BEND PL	
City-St-Zip:	ZEPHYRHILLS, FL 33543	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE KLINE D 01/25/2004

Electronic Signature of Signing Officer or Director — Date