


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

05-14-2004 90012 004 \*\*\*\*61.25

**DOCUMENT # N99000004098**  
**1. Entity Name**  
**FIRST FLORIDA CAVALRY, INC.**



**Principal Place of Business**  
 8130 S.E. 45TH STREET  
 NEWBERRY, FL 32669

**Mailing Address**  
 8130 S.E. 45TH STREET  
 NEWBERRY, FL 32669

24075497



**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**1511 BADEN POWELL RD.**  
 Suite, Apt. #, etc.

01062004 Chg-NP CR2E037 (10/03)

**City & State**  
**HAWTHORNE, FL**

**Zip** **Country**  
**32640 USA**

**4. FEI Number**  
**59-3594747**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**KUNTZ, DAVID L JR**  
**1511 BADEN POWELL ROAD**  
**HAWTHORNE, FL 32640**

**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)

**Filing 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**

<b>TITLE</b> PD <b>NAME</b> BISHOP, JAMES L <b>STREET ADDRESS</b> 8130 S.E. 45TH STREET <b>CITY-ST-ZIP</b> NEWBERRY, FL 32669	<input type="checkbox"/> Delete
<b>TITLE</b> STD <b>NAME</b> KUNTZ, DAVID L JR <b>STREET ADDRESS</b> 1511 BADEN POWELL ROAD <b>CITY-ST-ZIP</b> HAWTHORNE, FL 32640	<input type="checkbox"/> Delete
<b>TITLE</b> D <b>NAME</b> SCOTT, HERB <b>STREET ADDRESS</b> P.O. BOX 2 <b>CITY-ST-ZIP</b> WAVERLY, GA 31565	<input type="checkbox"/> Delete
<b>TITLE</b> D <b>NAME</b> ELLIS, BOB <b>STREET ADDRESS</b> RT 1 BOX 482 <b>CITY-ST-ZIP</b> WHITE SPRINGS, FL 32096	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete

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

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** *David L. Kuntz, Jr* **DAVID L. KUNTZ, JR** **11 MAY 04** **352-473-8222**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone