

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 03, 2005 8:00 am
Secretary of State

08-03-2005 90063 007 ****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: **1511 BADEN POWELL RD
HAWTHORNE FL 32640**



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

2nd MOORE CR2E037 (5/05)

City & State

4. FEI Number: **59-3594747**
Applied For: Not Applicable

Zip: Country

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

**FILE NOW: FEE IS \$61.25
Due By September 7, 2005**

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

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

10. PD OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 Lee Kuntz, Jr.* **DAVID LEE KUNTZ, JR.** 8/1/05 352-473-8222