

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000068087

Entity Name: RODEO VENING INC.

FILED
Jan 19, 2004
Secretary of State

Current Principal Place of Business:

3470 OWLS WOOD WAY
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

3470 OWLS WOOD WAY
TITUSVILLE, FL 32780

New Mailing Address:

FEI Number: 59-3736190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OBREMSKI, FRANK
3470 OWLS WOOD WAY
TITUSVILLE, FL 32780

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: OBREMSKI, FRANK P PRES
Address: 3470 OWLS WOOD WAY
City-St-Zip: TITUSVILLE, FL 32780 US

Title: VP (X) Delete
Name: MORELAND, CLEDA D VP
Address: 3470 OWLS WOOD WAY
City-St-Zip: TITUSVILLE, FL 32780 FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MORELAND, CLEDA D PRES
Address: 3470 OWLS WOOD WAY
City-St-Zip: TITUSVILLE, FL 32780 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLEDA MORELAND

PRES

01/19/2004

Electronic Signature of Signing Officer or Director

_____ Date