## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P96000056140

1. Entity Name BOLD LION ENTERPRISES, INC.



Principal Place of Business

4810 ARAPAHOE AVENUE JACKSONVILLE, FL 32210 US Mailing Address

POST OFFICE BOX 49 JACKSONVILLE, FL 32210

## FILED Apr 22, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04212004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3391009	Applied For Not Applicable	
5. Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ZVARA, WILLIAM L 4810 ARAPAHOE AVENUE JACKSONVILLE, FL 32210

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agont and title t	f applicable. (NOTE Registered	Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	oing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZVARA, WILLIAM L 4810 ARAPAHOE AVE JACKSONVILLE, FL 32210		<u> </u>			
TITLE NAME STREET ADDRESS CRTY-ST-ZRP					04/22/04-80056-001 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
BILE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi). 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 path; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04

904387-2266

Daytime Phone 4