

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000090683

FILED
Apr 25, 2004
Secretary of State

Entity Name: ALLISON GOLDEN ADVENTURES, INC.

Current Principal Place of Business:

9128 SE 154 STREET
SUMMERFIELD, FL 34991 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 211
WEIRSDALE, FL 32195

New Mailing Address:

FEI Number: 59-3441669 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JONES, RANDALL L
9128 SE 154TH STREET
SUMMERFIELD, FL 34491?

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: D () Delete
Name: JONES, RANDALL L
Address: 4740 N.W. 64TH STREET
City-St-Zip: OCALA, FL 34482

Title: VPD () Delete
Name: GIACONA, BERNADELLE
Address: 9128 SE 154TH ST.
City-St-Zip: SUMMERFIELD, FL 34991

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JONES, RANDALL L
Address: 9128 SE 154TH ST.
City-St-Zip: OCALA, FL 34482

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: RANDALL L. JONES

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04/25/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date