2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 19, 2004 8:00 am Secretary of State

1. Entity Name SHADY HILLS RAIDERS, INCORPORATED						1)2-19-2004 9	•		
Principal Place of Business 15480 GREENGLEN LN SPRING HILL, FL 34610 US Mailing Address PO BOX 11370 SHADY HILLS, FL 34610 US								~	ALS - MINUS -	1181 H. 1444
2. Principal Place of Business		3. Mailir	3. Mailing Address							
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			01112004 Chg-NP CR2E037 (10/03)				
City & State		City	City & State			4. FEI Number NOT APP	LICABLE		<u> </u>	plied For
Zip	Zip Country		Zip		Country		Status Desired	X 1	\$8.75 Add Fee Required	
	6. Name and Address of Curre	nt Registered	Agent	· ·		7. Name and A	ddress of New R	eaistered /		· · · · · · · · · · · · · · · · · · ·
	o. Hame and Address of Conte	in neglateret	i Agein	Na	ime (2 a)	- 0.1 -T 3				
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18040 APPLEJACK CT SPRING HILL, FL 34610				186	224st	P.O. Box Number	Dr	".		
JEKING II	. /									
Mobil I Down				Sit	Springhill FL 31610					
	named entity submits this statement	t for the purpo	se of changing its	registered of	ice or register	red agent, or both,	in the State of Flo	orida. I am		
the obligati	tions of registered agent.	^								ĺ
	Shalmt 11 1	Join						1-13	3-04	
SIGNATURE.	Signature, typed or printed narge of registered ag		cable (NOTE	: Registered Agen	nt signature required	(when reinstaling)		DATE		
Filing Fee is \$61.25 9. Election Campaign Financing						i wildir ramatang,				
		1	9. Election Carr	paign Financ		\$5.00 May Be			k payable to	
	Due by May 1, 2004		9. Election Carr	paign Financontribution.	cing	\$5.00 May Be Added to Fees-	⊋ > Elor	ida Depai	tment of.St	ate⊾
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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:

Trober & Woun

1-13-04

727 (34 7489

Date

Daytime Phone #