

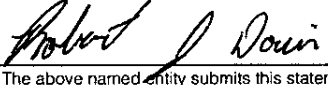
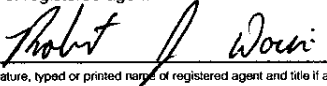
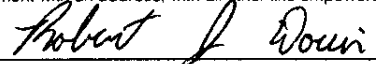


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-19-2004 90019 046 \*\*\*\*80.00

<b>DOCUMENT # N42268</b> 1. Entity Name <b>SHADY HILLS RAIDERS, INCORPORATED</b>					
Principal Place of Business <b>15480 GREENGLEN LN SPRING HILL, FL 34610 US</b>			Mailing Address <b>PO BOX 11370 SHADY HILLS, FL 34610 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>NOT APPLICABLE</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SIMPSON, CYNTHIA L 18040 APPLEJACK CT SPRING HILL, FL 34610</b>  				7. Name and Address of New Registered Agent Name <b>Robert J. Douin I</b> Street Address (P.O. Box Number is Not Acceptable) <b>16224 Jetson Dr</b>  City <b>Springhill</b> FL Zip Code <b>34610</b>	
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  DATE <b>1-13-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NICHOLS, KATHRYN 18020 APPLEJACK CT. SPRINGHILL, FL 34610	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURES Tina Gaud 17643 Carthage Ave Brooksville, FL 34610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMPSON, CYNTHIA 18040 APPLEJACK CT SPRING HILL, FL 34610	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Robert J. Douin I 16224 Jetson Dr. Springhill, FL 34610	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD DOVIN, ROBERT 12932 MOUNTAIN RD NEW PORT RICHEY, FL 34654	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADirector Kevin Wylie 14708 Elmout Ave Springhill FL 34610	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD WYLIE, KEVIN 14708 ELMONT AVE SPRING HILL, FL 34610	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Kathleen J. Douin 16224 Jetson Dr Springhill FL 34610	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SMOAK, ALICE 15930 NORTHGATE SPRING HILL, FL 34610	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Alicia Smoak 15930 Northgate Springhill FL 34610	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOVIN, KATHI 12832 MOUNTAIN RD NEW PORT RICHEY, FL 34654	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATHLETIC DIRECTOR John Dalquist 6125 Pennsylvania Ave New Port Richey FL 34653	<input type="checkbox"/> Change <input checked="" 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.					
<b>SIGNATURE:</b> 				<b>1-13-04</b> <b>727 534 7489</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	