

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90037 019 ***150.00

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DOCUMENT # P00000075189 1. Entity Name ROD'N REEL ASSOCIATION, INC.					
Principal Place of Business 32009 HARRIS RD. TAVARES, FL 32778			Mailing Address 32009 HARRIS RD. TAVARES, FL 32778		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STEVEN J. RICHEY, P.A. 1009 N. 14TH ST. LEESBURG, FL 34749-2460				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, CHRIS		NAME		
STREET ADDRESS	31925 TRACY LN.		STREET ADDRESS		
CITY - ST - ZIP	TAVARES, FL 32778		CITY - ST - ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUNT, NORMAN		NAME		
STREET ADDRESS	31923 ELIZABETH LN.		STREET ADDRESS		
CITY - ST - ZIP	TAVARES, FL 32778		CITY - ST - ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	UMPHRESS, JOHN		NAME		
STREET ADDRESS	31932 ELIZABETH LANE		STREET ADDRESS		
CITY - ST - ZIP	TAVARES, FL 32778		CITY - ST - ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOGGUS, WENDI U		NAME		
STREET ADDRESS	32009 HARRIS RD		STREET ADDRESS		
CITY - ST - ZIP	TAVARES, FL 32778		CITY - ST - ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COMELLO, CAROL		NAME		
STREET ADDRESS	10836 LAKE HARRIS CR		STREET ADDRESS		
CITY - ST - ZIP	TAVARES, FL 32778		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VIERLING, FRANK		NAME		
STREET ADDRESS	10840 JACKIE LN.		STREET ADDRESS		
CITY - ST - ZIP	TAVARES, FL 32778		CITY - ST - ZIP		
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 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: <u>Chris Wilson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>President</u> <u>4/4/04</u> <u>352-253-1383</u> <small>Date Daytime Phone #</small>		