

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 230060
 1. Entity Name
WITHLACOOCHEE COVE CORPORATION

Principal Place of Business 4522 NE 4TH ST OCALA, FL 34470 US	Mailing Address 4522 NE 4TH ST OCALA, FL 34470 US
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DO NOT WRITE IN THIS SPACE



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1118878	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 EDWARDS, F R
 1105 FERRELL
 PLANT CITY, FL

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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 **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRIPPEN, ELSIE V 4522 NE 4TH ST OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARROLL, IDA MAE MOOREHAVEN COURT CRYSTAL RIVER, FL 34423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CARROLL, A T MOOREHAVEN COURT CRYSTAL RIVER, FL 34423
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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: Elsie Crrippen 1/24/04 (352)694-4442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #