


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 393362</b> 1. Entity Name BISON ENTERPRISES, INC.	
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Principal Place of Business 12201 NW 35TH ST. BAY 310 CORAL SPRINGS, FL 33065 US	Mailing Address 2651 NORTHWEST 115 TERRACE CORAL SPRINGS, FL 33065
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**DO NOT WRITE IN THIS SPACE**



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1401760	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  CUSANELLI, CARL J 2651 NORTHWEST 115 TERRACE CORAL SPRINGS, FL 33065	<b>DO NOT WRITE IN THIS SPACE</b>
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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 fee if applicable (NOTE: Registered Agent signature required when re-naming) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000132736 04/27/04-80060-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUSANELLI, JOSEPH H. 2651 NW 115TH TERRACE CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CUSANELLI, DAVID J. 2651 NW 115TH TERRACE CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CUSANELLI, CARL J 2651 NW 115TH TERRACE CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUSANELLI, THOMAS 2651 NW 115TH TERRACE CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUSANELLI, JOHN A 2651 NW 115TH TERRACE CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUSANELLI, CARL J JR 2651 NW 115 TERR CORAL SPGS, FL

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Carl J Cusanelli* **CARL J CUSANELLI** 4/22/04 954-752-2768  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #