


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 719586	
1. Entity Name LCI FLOTILLA II REUNION ASSOCIATION, INC.	

Principal Place of Business 10550 W 73RD PL ARVADA, CO 80005 US	Mailing Address 10550 W 73RD PL ARVADA, CO 80005 US
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DO NOT WRITE IN THIS SPACE



02172004 No Chg-NP CR2E037 (10/03)

4. FEI Number 42-1093151	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WRIGHT, L. LEVERETT
5746 TIMBERLAKE DRIVE
SARASOTA, FL 34243

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000061401 02/23/04-80079-019 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELM, DEAN 100 BROADVIEW SPRINGFIELD, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, JAMES 5000 CLARMAN RD.643 JEFFERSONTON, KY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTILLO, ROBERT 3500 BUCHANAN AVE TRL 143 RIVERSIDE, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, L.L. 5746 TIMBERLAKE DRIVE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RIEDEL, MARSHALL W 120 E. ROSES RD SAN GABRIEL, CA 91775
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HERBER, EDWARD A. 10550 W 73RD PLACE ARUADA, CO

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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)(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 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: Edward A. Herber 2/17/04 303-421-2358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #