


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90451 043 ****61.25

DOCUMENT # 756240	
1. Entity Name KISSIMMEE-BOAT-A-CADE, INC.	

Principal Place of Business 15938 BABOUR W CLERMONT, FL 34711 US	Mailing Address P O BOX 421855 KISSIMMEE, FL 34742 US
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2. Principal Place of Business 1170 E Fowler DR Suite, Apt. #, etc.	3. Mailing Address PO BOX 560217 Suite, Apt. #, etc.
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City & State Deltona FL 32725	City & State Orlando FL
Zip 32725	Zip 32817
Country USA	Country USA



04072004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent	
BECKER, CHERYL 1170 E FOWLER DRIVE DELTONA, FL 32725	

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 constituting) _____ **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	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VP	NAME GRAY, DAVID STREET ADDRESS 1540 HOBSON STREET CITY-ST-ZIP LONGWOOD, FL 32750	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CSD	NAME CRANDALL, LES STREET ADDRESS 4736 NORTH WIND BLVD CITY-ST-ZIP KISSIMMEE, FL 34744	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P	NAME SWEAT, PAM STREET ADDRESS 15938 BABAIR LN CITY-ST-ZIP CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD	NAME BECKER, CHERYL STREET ADDRESS 1170 E FOWLER DR CITY-ST-ZIP DELTONA, FL 32725	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	NAME DRURY, JOHN STREET ADDRESS 6319 MATCHETT ROAD CITY-ST-ZIP ORLANDO, FL 32809	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	NAME RAMSEY, SANDY STREET ADDRESS LOT 4 901 MAURY ROAD CITY-ST-ZIP ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE RSD	NAME KAREN LAPIDO STREET ADDRESS 2553 OAK Hollow Dr. CITY-ST-ZIP Kissimmee Fla 34744	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P	NAME CHERYL BECKER STREET ADDRESS 1170 E FOWLER DR CITY-ST-ZIP Deltona, FL 32725	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D	NAME JOHN DRURY STREET ADDRESS 1050-16 Lochvail Dr CITY-ST-ZIP APOPKA, Fla 32712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD	NAME Pamela Rousseau STREET ADDRESS 1017 Guy Road CITY-ST-ZIP Orlando, FL 32828	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D	NAME SANDY Ramsey STREET ADDRESS 157 S. Orange Av #405 CITY-ST-ZIP Orlando, Fla 32801	<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.

SIGNATURE: Cheryl Becker **CHERYL BECKER** **President** **4-8-04** **386-574-8750**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #