

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90042 025 ****61.25

DOCUMENT # 768992	
1. Entity Name HITCHING POST CO-OP, INC.	

Principal Place of Business 32 CHEYENNE TRAIL NAPLES FL 33962	Mailing Address 32 CHEYENNE TRAIL NAPLES FL 33962
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

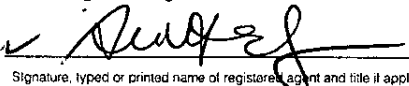
4. FEI Number 59-2369192	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEIGH, DAVID E THE NEWGATE TOWER 5150 TAMiami TR N STE 500 NAPLES FL 34103

7. Name and Address of New Registered Agent	
Name SCOTT GORDON	
Street Address (P.O. Box Number is Not Acceptable) 240 S. Pineapple Avenue	
City Sarasota	FL Zip Code 34236

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 	DATE 3-29-04
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FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE PD	☐ Delete
NAME ESKRIDGE, RICHARD O	
STREET ADDRESS 2 CREEK CIRCLE	
CITY-ST-ZIP NAPLES FL	
TITLE D	☐ Delete
NAME BERGER, J M	
STREET ADDRESS 109 BAREFOOT WILLIAMS ROAD	
CITY-ST-ZIP NAPLES FL	
TITLE VP	☐ Delete
NAME KUPRION, ROBERT	
STREET ADDRESS 1 OSAGE TRAIL	
CITY-ST-ZIP NAPLES FL	
TITLE D	☒ Delete
NAME CIOCCO, PATRICIA	
STREET ADDRESS 4 SPANISH TR	
CITY-ST-ZIP NAPLES FL 34113	
TITLE D	☐ Delete
NAME QUINN, JAMES JR	
STREET ADDRESS 20 PECOS TRAIL	
CITY-ST-ZIP NAPLES FL 34113	
TITLE S	☐ Delete
NAME SLOSS, BETTY	
STREET ADDRESS 105 BAREFOOT WILLIAMS RD	
CITY-ST-ZIP NAPLES FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☒ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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 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 	DATE 4-5-04	DAYTIME PHONE # 239-774-4525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RICHARD O. ESKRIDGE		