

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790919

Entity Name: SECO & GOLDEN "100" INC.

FILED  
Jan 08, 2004  
Secretary of State

**Current Principal Place of Business:**

ESSEX STREET - MUNICIPAL AIRPORT  
P.O. BOX 323  
DELAND, FL 327210323

**New Principal Place of Business:**

**Current Mailing Address:**

ESSEX STREET - MUNICIPAL AIRPORT  
P.O. BOX 323  
DELAND, FL 327210323

**New Mailing Address:**

FEI Number: 58-0619566

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RONALD D EDMUNDSON  
1600 ESSEX AVE - MUNICIPAL AIRPORT  
DELAND, FL 32724 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MATSON, BRUCE  
Address: 5500 CHESTNUT AVE  
City-St-Zip: NEWPORT NEWS, VA 23605

Title: D ( ) Delete  
Name: WALKER, BOB  
Address: 2101 DELAFIELD STREET  
City-St-Zip: WAUKESHA, WI 53188

Title: D ( ) Delete  
Name: GRABOW, DEAN  
Address: 101 SOUTH SWIFT AVE  
City-St-Zip: LITCHFIELD, MN 55355

Title: D ( ) Delete  
Name: GEORGE JOHNSON,  
Address: 635 ELLIOTT AVE W  
City-St-Zip: SEATTLE, WA 49819

Title: DDM ( ) Delete  
Name: SCHRIVER, D,  
Address: 10220 N EXECUTIVE HILLS BLVD  
City-St-Zip: KANSAS CITY, MO 64153

Title: CB ( ) Delete  
Name: KULLMANN, DONALD,  
Address: 1100 N BROADWAY  
City-St-Zip: CARLINVILLE, IL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON SCHRIVER

DDM

01/08/2004

Electronic Signature of Signing Officer or Director

Date