

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003549

FILED
Feb 04, 2004
Secretary of State

Entity Name: THRIFTY NICKEL OF ORLANDO, INC.

Current Principal Place of Business:

20011 EMERALD COAST PARKWAY
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

20011 EMERALD COAST PARKWAY
DESTIN, FL 32541

New Mailing Address:

FEI Number: 45-0515355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, RONALD C
20011 EMERALD COAST PARKWAY
DESTIN, FL 32541

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: EARLES, CHARLES
Address: 20011 EMERALD COAST PARKWAY
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: CHISTENSEN, ROBERT L
Address: 20011 EMERALD COAST PARKWAY
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: TREESE, HARRY
Address: 3901 W. WACO DRIVE
City-St-Zip: WACO, TX 76710

Title: P () Delete
Name: FERRILL, CLAYTON
Address: 1500 WEST FAIRBANKS
City-St-Zip: WINTER PARK, FL 32789

Title: S () Delete
Name: MODLIN, KIMBERLY
Address: 20011 EMERALD COAST PARKWAY
City-St-Zip: DESTIN, FL 32541

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM MODLIN

D

02/04/2004

Electronic Signature of Signing Officer or Director

Date