2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2004 08:00 AM Secretary of State

ANNUAL REPORT		Secretary of State		
DOCUMENT # F08046 1. Entity Name		Secre	tary or State	
ZEPHYRHILLS CONCESSIONS, INC.				
Principal Place of Business Mailing Address				
2738 GALL BLVD PO BOX 996				
ZEPHYRHILLS, FL 33556 US ODESSA, FL 33556 U	S			
DO NOT WRITE IN THIS SPACE				
		\$ 18mount 1985 Smill twiff water miner	E-(-(
		01132004 No Chg-P	CR2E034 (10/03)	
		4. FEI Number	Applied For	
		59-2686861	Not Applicable \$8.75 Additional	
		5. Certificate of Status Desired	Fee Required	
6. Name and Address of Current Registered Agent		a company was a second of the		
SIERRA, CYNTHIA C		DO NOT W	DITE	
17420 CRAWLEY RD.		DO NOT WRITE		
ZEPHYRHILLS, FL 33556		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 em familiar with, and accept				
the obligations of registered agent.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE				
FILE NOWIII FEE IS \$150.00 9. Election Campaign After May 1, 2004 Fee will be \$550.00 Trust Fund Contribut		00 May Be ed to Fees		
10. OFFICERS AND DIRECTORS	Tombrishing			
NITE PD NAME SIERRA, TIM				
STREET ADDRESS 17420 CRAWLEY RD.		1.4 V. V. V. M	Description of the second of the	
CRY-ST-ZIP ODESSA, FL	n, w.	ໄປປ່ວນ ການ ປະຕິດ ທີ່ເຄື່ອ	00042865 -80041-025 1 50.00	
THE SD		SEV SEV Un		
NAME SIERRA, PIA STREET ADDRESS 17420 CRAWLEY RD.				
CITY-SI-ZIP ODESSA, FL		white the same of		
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STREET ADDRESS		DO NOT W	المار المارية	
CITY-ST-ZIP		DO NOT WRITE		
TITLE		IN THIS SPACE		
NAME STREET ADDRESS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
CITY-ST-ZEP			•	
TITLE	And the second second		•	
NAME				
STREET ADDRESS CITY-ST-28P				
RILE				
NAME				

12. I hereby certify that the information supplied with this filling 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 of supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 in Block 10 or Block 11 if changed, or on an attachment with an afforess, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

la Sierra

2/5/05

(813)258672