04/27/04 15:56 ☎3054462238 M G P CPA

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State
05-04-2004 90198 036 ***150.00

DOCUMENT # F67888

1. Entity Name
BACK-COUNTRY ADVENTURE, INC.

Principal Place of Business	Mailing Address
C/O BETTY GRIGSBY ~~59 N BLACKWATER LANE~~ ~~KEY LARGO, FL 33037~~	~~59 N. BLACKWATER LANE~~ ~~KEY LARGO, FL 33037 US~~

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
27951 S.W. 159th CT.		27951 S.W. 159th CT.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: HOMESTEAD, FL		City & State: HOMESTEAD, FL	
Zip: 33031	Country	Zip: 33031	Country

4. FEI Number: 59-2205796 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRIGSBY, BETTY
~~30 NORTH BLACKWATER LANE~~
~~KEY LARGOM, FL 33037~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable) 27951 S.W. 159th CT.
City MIAMI FL Zip Code 33031

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIGSBY, HARRY ~~30 N. BLACKWATER LANE~~ ~~KEY LARGO, FL~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 27951 S.W. 159th CT. MIAMI, FL 33031	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRIGSBY, BETTY ~~30 N BLACKWATER LANE~~ ~~KEY LARGO, FL~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 27951 S.W. 159th CT. MIAMI, FL 33031	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 607, 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: Harry P. Grigsby 04-27-04 305-246-0790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #