2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 31, 2004 08:00 AM DOCUMENT # H49475 **Secretary of State** BONIFAY SKI SCHOOL, INCORPORATED Principal Place of Business Mailing Address 510 S. RAMONA 510 S. RAMONA LAKE ALFRED, FL 33850 LAKE ALFRED, FL 33850 03032004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2592611 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BONIFAY, BETTY DO NOT WRITE 510 S. RAMONA LAKE ALFRED, FL 33850 IN THIS SPACE 3. 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. DoiD (NOTE, Registered Agent signature required when reinstating) Unnnnnn99870 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE 18 \$150.00 03/31/04-80021-025 150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10 OFFICERS AND DIRECTORS 3.00F NAME BONIFAY, BETTY STREET ADDRESS 510 S. RAMONA CITY -ST- 7/P LAKE ALFRED, FL TITLE MANIE STREET ADDRESS CITY-ST-ZIP TITLE NUMBE STREET ADDRESS DO NOT WRITE CTTY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CATY-ST-ZIP RITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CRY-ST-ZIP 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 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 is 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.

FILED