

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000008702**

1. Entity Name  
**OSCEOLA WILDLIFE TOURS LLC**



Principal Place of Business  
**4420 JOE OVERSTREET ROAD  
KEENANSVILLE, FL 34739**

Mailing Address  
**4420 JOE OVERSTREET ROAD  
KEENANSVILLE, FL 34739**



03192004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**02-0584170**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**OVERSTREET, SHARON  
4855 JOE OVERSTREET RD  
KENANSVILLE, FL 34739**

**DO NOT WRITE  
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 am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Sharon Overstreet*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re/instating)

DATE

*3/19/04*

**Filing Fee is \$50.00  
Due by May 1, 2004**

U00000095622  
03/24/04-80040-023 50.00

**9. MANAGING MEMBERS/MANAGERS**

|                                                    |                                                                            |
|----------------------------------------------------|----------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | V<br>CRAWFORD, DENNIS<br>5725 FRIARS COVE LN<br>SAINT CLOUD, FL 34772      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>OVERSTREET, WAYNE<br>4855 JOE OVERSTREET RD<br>KENANSVILLE, FL 34739  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>OVERSTREET, SHARON<br>4855 JOE OVERSTREET RD<br>KENANSVILLE, FL 34739 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                            |

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 603, Florida Statutes.

SIGNATURE: *Dennis Crawford*