


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90011 032 ***150.00

DOCUMENT # L14149			
1. Entity Name STUNT ACTION AND SAFETY COORDINATORS, INC.			
Principal Place of Business 3111 SMITH RD GROVELAND FL 34736 US		Mailing Address P O BOX 127 GROVELAND FL 34736 US	
2. Principal Place of Business 3111 Smith Rd		3. Mailing Address P.O. Box 127	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Groveland FL		City & State Same	
Zip 34736	Country Lake	Zip Same	Country Same



MOORE CR2E034 (4/04)

4. FEI Number 59-3028177		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent CYRUS, ROBERT R. 214-A NORTH THIRD STREET LEESBURG FL 34748		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT KAHANA, KIM P. O. BOX 127 N/A GROVELAND FL 34736 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Kim Kahana President* *July 27/2004* *(352) 429-4561*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 Glenda E. Hood
 DIVISION OF CORPORATIONS
 P.O. Box 6327
 Tallahassee, Florida 32314

First-Class Mail
 U.S. Postage
PAID
 State of Florida
 84321

Got on July 11/04

NOTICE OF INTENT TO DISSOLVE

02254942 01 AT 0.183 **AUTO TB 0 1203 34736-012727
 STUNT ACTION AND SAFETY COORDINATORS, INC.
 P O BOX 127
 GROVELAND FL 34736-0127

*Received my first July 11/2004 back
 Mailed this out July 21/2004*

*Attachment
 44051069
 # L14149*



FLORIDA DEPARTMENT OF STATE
 Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS
 Corporate Records
 Post Office Box 6327
 Tallahassee, Florida 32314

*Received on
 Thursday JUL 26 2004
 From -*

*And called on July 26/04
 I got on July 26/2004
 At 9am Groveland P.O.*

FIRST-CLASS MAIL
 U.S. POSTAGE PAID
 Florida Secretary of State
 Division of Corporations
 84321

*I have always mailed in my Payment in JAN of each year
 Thank you Mr KATANK*