


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 16, 2004 8:00 am**  
**Secretary of State**

06-01-2004 90006 024 \*\*\*\*61.25

<b>DOCUMENT # N01000001830</b>					
1. Entity Name <b>MILITARY VEHICLE MUSEUM INC.</b>					
Principal Place of Business <b>233 N. HOAGLAND BLVD KISSIMMEE FL 34741</b>			Mailing Address <b>233 N. HOAGLAND BLVD KISSIMMEE FL 34741</b>		
2. Principal Place of Business <i>233 N. Hoagland Blvd</i>			3. Mailing Address <i>233 N. Hoagland Blvd</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <i>Kissimmee Fl.</i>		City & State <i>Kissimmee Fl.</i>		4. FEI Number <b>59-3717270</b>	
Zip <i>34741</i>	Country <i>Osecala</i>	Zip <i>34741</i>	Country <i>Osecala</i>	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MAYES, GEORGE 3300 PRYOR RD HAINES CITY FL 33844</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 \$61.25 Due By: May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GREEN, DEREK J 1618 LIME ST KISSIMMEE FL 34746</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SMITH, TED 1350 NANCESON SEBRING FL 33870</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D REEVES, ROGER 5094 GREENWAY RD KISSIMMEE FL 34746</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BOZARTH, RICHARD 2793 WOODSTREAM CIR KISSIMMEE FL 34743</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BARY, RALPH 1737 LEEJAWZEN DR KISSIMMEE FL 34744</b>	<input type="checkbox"/> Delete			
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"/> Change <input type="checkbox"/> Addition			
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"/> 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 617, 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: <i>George Mayes President &amp; owner 6-13-04 863-422-0990</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

*no changes made* *Thank you H.M.*