2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N01000004152

Entity Name: MISS RODEO FLORIDA, INC.

Current Principal Place of Business:

4821 DIXONVILLE RD.
JAY, FL 32565

New Principal Place of Business:

Current Mailing Address:

4821 DIXONVILLE RD.
JAY, FL 32565

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, PAULA F
4821 DIXONVILLE RD.
JAY, FL 32565 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	THOMAS, PAULA F	
Address:	4821 DIXONVILLE RD.	
City-St-Zip:	JAY, FL 32565	
Title:	VD	(X) Delete
Name:	TERRY, LADON	
Address:	P.O BOX 1058	
City-St-Zip:	BRANFORD, FL 32008	
Title:	SD	( ) Delete
Name:	KENT, NANCI L	
Address:	4821 DIXONVILLE RD.	
City-St-Zip:	JAY, FL 32565	
Title:	D	( ) Delete
Name:	KENT, MARTY L	
Address:	236 HOPE GRANT RD	
City-St-Zip:	ATMORE, AL 32502	
Title:	D	( ) Delete
Name:	THOMAS, ROY	
Address:	4821 DIXONVILLE RD.	
City-St-Zip:	JAY, FL 32565	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA THOMAS PD 04/30/2004
Electronic Signature of Signing Officer or Director — Date