


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

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90206 026 \*\*\*\*61.25

<b>DOCUMENT # N01000006645</b> 1. Entity Name <b>THE LODGE OF KISSIMMEE, INC.</b>	
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Principal Place of Business <b>320 DICKSON ST. KISSIMMEE, FL 34744</b>	Mailing Address <b>320 DICKSON ST. KISSIMMEE, FL 34744</b>
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2. Principal Place of Business <b>320 Dickson St.</b>	3. Mailing Address <b>320 Dickson St.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Kissimmee, Fl</b>	City & State <b>Kissimmee, Fl</b>
Zip <b>34744</b>	Zip <b>34744</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>75-3035657</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CHAMBERS, CAROL J 320 DICKSON ST. KISSIMMEE FL 34744</b>	
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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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHAMBERS, CAROL J 320 DICKSON ST. KISSIMMEE FL 34744 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RICHARDS, FRED 506 PEARSON COURT KISSIMMEE FL 34744 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LORENZO, EDDIE 1413 WEYMOUTH CT. KISSIMMEE FL 34743 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TOMPKINS, SARAH 2319 VALLEY DR. KISSIMMEE FL 34744 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LAND, GEORGE 1292 E. LAKESHORE BLVD. KISSIMMEE FL 34744 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	T Ronald Legerdne 2869 Lake Tohopekaliga Blvd. Kissimmee, Fl 34746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Juan Baez 2505 Ascot Ct. Kissimmee, Fl 34744 <input type="checkbox"/> Change <input checked="" 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:** Carol J. Chambers 9/2/04 407-933-1171  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #