

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N01000008011

1. Entity Name

EKVVV HVTKE TRIBAL TOWN, INC.



Principal Place of Business
4804 DEERRUNN DR.
TALLAHASSEE, FL 32303

Mailing Address
4804 DEERRUNN DR.
TALLAHASSEE, FL 32303

FILED

05 JAN -5 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01052005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

16-1654417

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PENTON, DANIEL T
4804 DEERRUNN DR.
TALLAHASSEE, FL 32303

**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

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

(NOTE: Registered Agent signature required when reinstating)

600044522100

11/11/05--01037--000 **70.00

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ADAMS, DORIS H
STREET ADDRESS 3710 E. 5TH ST.
CITY-ST-ZIP SPRINGFIELD, FL 32401

TITLE D
NAME RAMSEY, ANDREW BOGGS
STREET ADDRESS 641 N. CENTRAL AVE.
CITY-ST-ZIP BLOUNTSTOWN, FL 32424

TITLE D
NAME PENTON, DANIEL T
STREET ADDRESS 4804 DEERRUNN DR.
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

DR 1/5/05

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel T. Penton
Daniel T. Penton

01/05/05

Date

(850) 562-2661

Daytime Phone #