## **2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## FILED Mar 10, 2004 8:00 am Secretary of State

Mailing Address   122 LAS PALMAS   122	DOCUMENT # N0200005763  1. Entity Name SHILOH ADVENTURE, INC.			<b>V</b>		Secretary of State 03-10-2004 90015 015 ****61.25		
Suits April 4 size.  City 4 State  Courty  Suits April 4 size.  Suits Apri	132 LAS PALMAS 132 L		32 LAS PALMAS		1/1881	er sk ssafe men berk sein i	CENH KANN ESIYN SHRI IEBIY. SIYLA (I	HERI <b>hi</b> irai
The Bourne FL Country 33940 Country 5. Certificate of Status Desired Sp. 75 Additional Page 10 Country 5. Certificate of Status Desired 5. Sp. 75 Additional Face Page 10 Country 5. Certificate of Status Desired 5. Sp. 75 Additional Face Page 10 Country 5. Certificate of Status Desired 6. Sp. 75 Additional Face Page 10 Country 7. Name and Address of More Registered Agent 7. Name and Address of Name and Agent 7. Name and Address 7. Name and Address 7. Name and Address	1750 old Glary Blvd. 1		1750 old Glory Blvd.			0.4		
S. Name and Address of Current Registered Agent   S. Name and Address of New Registered Agent	melbourne, FL r		melbourne FL Zip Country		01-0	739939	88.75 Add	t Applicable
SIGNATURE    Street Address (P.O. Box Number is Not Acceptable)	2974			Т-	7. Name	and Address of Nev	<u>_</u>	
The obligations of registered agent.  SIGNATURE  Signature, produce private name of implanted agent error that it explosed.  Filling Foe is \$41.25  Due by May 1, 2004  Trust Fund Contribution.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  BY Change   Addition    THE   D   Delete   THE   DELETANDESS    STREET ADDRESS   TO DELETANDESS    CITY-ST-2P   THE   DELETANDESS    CITY-ST-2P   DELETANDESS    CITY-ST-2P   DELETANDESS    CITY-ST-2P   DELETANDESS    CITY-ST-2P   DELETANDESS    CITY-ST-2P   THE    D   DELETANDESS    CITY-ST-2P    THE   D    COLON, JACKIE    THE   D    COLON DELETANDESS    CITY-ST-ZP    THE   D	-BRYANT, LAURA			Street Ad	Name — Melivida Larsen  Street Address (P.O. Box Number is Not Acceptable)  3220 S. Tropical Trail			
TITLE   D   Delete   TITLE   MAME   STREET ADDRESS   ST	the obligations of registered agent.  SIGNATURE Multiplication & Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  PATE  Filling Fee is \$61.25  9. Election Campaign Financing \$5.00 May Be Make check payable to							
NAME   STREET ADDRESS   132 LAS PALLMAS   STREET ADDRESS   132 LAS PALLMAS   STREET ADDRESS   132 LAS PALLMAS   STREET ADDRESS   STREET ADDR	, , , ,	•			\$5.00 N	lav Be		
NAME STRET ADDRESS CITY-ST-ZP ROCKLEDGE, FL 32955  TITLE D PATTON, LINDA STRET ADDRESS CITY-ST-ZP TITLE D WEGERIF, EVERETT J STRET ADDRESS CITY-ST-ZP MERRITT ISLAND, FL STRET ADDRESS CITY-ST-ZP MERRITT ISLAND, FL 32952  TITLE NAME STRET ADDRESS CITY-ST-ZP MERRITT ISLAND, FL 32952  TITLE NAME STRET ADDRESS CITY-ST-ZP MERRITT ISLAND, FL 32952  TITLE D WEGERIF, EVERETT J STRET ADDRESS CITY-ST-ZP MERRITT ISLAND, FL 32952  TITLE D COLON, JACKIE STRET ADDRESS CITY-ST-ZP PALM BAY, FL 32908  TITLE D Delete NAME STRET ADDRESS CITY-ST-ZP PALM BAY, FL 32908  TITLE NAME STRET ADDRESS CITY-ST-ZP STRET ADDRESS CITY-ST-ZP TITLE D Delete NAME STRET ADDRESS CITY-ST-ZP STRET ADDRESS CITY-ST-ZP TITLE NAME STRET ADDRESS CITY-ST-ZP Change Addition	10.	Due by May 1, 2004	Trust Fund Cor	ntribution.	\$5.00 Added to	lay Be Fees F	lorida Department of S	tate
TITLE D PAXTON, LINDA STREET ADDRESS CITY-ST-ZIP MERRITT, ISLAND, FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D COLON, JACKIE STREET ADDRESS CITY-ST-ZIP TITLE D NAME COLON, JACKIE STREET ADDRESS CITY-ST-ZIP TITLE D NAME STREET ADDRESS CITY-ST-ZIP TITLE D NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS	OFFICERS AND DIRECT D BRYANT, LAURA 132 LAS PALMAS	Trust Fund Cor	TITLE NAME STREET ADDRESS	S5.00 Added to	lay Be Fees F	Torida Department of Sincers AND DIRECTORS IN	tate I 10
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME COLON, JACKIE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Due by May 1, 2004  OFFICERS AND DIREC  D BRYANT, LAURA 132 LAS PALMAS MERRITT ISLAND, FL 32953  D MCLARTY, JAN 1435 HAGEN LANE	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	S5.00 Added to  ADDITIONS  CID  TID  Melinda  3220 S	lay Be Fees F //CHANGES TO OFFI  E. Larsel Tropical	CERS AND DIRECTORS IN Change	I 10 Addition
CITY-ST-ZIP PALM BAY, FL 32908  CITY-ST-ZIP Mel bourne, FL 32940  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2004  OFFICERS AND DIREC  D BRYANT, LAURA 132 LAS PALMAS MERRITT ISLAND, FL 32953  D MCLARTY, JAN 1435 HAGEN LANE ROCKLEDGE, FL 32955  D PAXTON, LINDA 730 OSPREY PLACE	Trust Fund Cor TORS  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Added to  ADDITIONS  C   D  TID  Melinda  3220 5  Mercit	lay Be Fees F //CHANGES TO OFFI  E. Larsel Tropical	CERS AND DIRECTORS IN Change  Change	I 10 Addition
TITLE         □ Delete         TITLE         □ Change         □ Addition           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Due by May 1, 2004  OFFICERS AND DIREC  D BRYANT, LAURA 132 LAS PALMAS MERRITT ISLAND, FL 32953  D MCLARTY, JAN 1435 HAGEN LANE ROCKLEDGE, FL 32955  D PAXTON, LINDA 730 OSPREY PLACE MERRITT ISLAND, FL  D WEGERIF, EVERETT J 1525 SOUTH OAKS DRIVE	Trust Fund Cor TORS  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	S5.00 Added to Added to ADDITIONS CID TID Melinda 3220 S Merrit SID	Larser Trapical Laland,	CERS AND DIRECTORS IN Change  Change  Change	I 10 Addition  St Addition
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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.

(321) (321) (454-9413 SIGNATURE: Mulinda & Larsen Melinda E. Larsen Treasurer 3/7/04 45
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date