

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006939

FILED
Sep 30, 2004
Secretary of State

Entity Name: MUDDY WATERS ATV ASSOCIATION, INC.

Current Principal Place of Business:

1072 ANGORA STREET
DELTONA, FL 32725

New Principal Place of Business:

1022 ANGORA STREET
DELTONA, FL 32725

Current Mailing Address:

1072 ANGORA STREET
DELTONA, FL 32725

New Mailing Address:

1022 ANGORA STREET
DELTONA, FL 32725

FEI Number: 27-0029462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMIDT, DEBRA L
1072 ANGORA ST.
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

JOHNSON, BARNEY L
1022 ANGORA ST.
DELTONA, FL 32725 US

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: BARNEY L JOHNSON

09/30/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: JOHNSON, BARNEY
Address: 1022 ANGORA STREET
City-St-Zip: DELTONA, FL 32725

Title: PD () Delete
Name: SCHMIDT, BRIAN K
Address: 1072 ANGORA ST
City-St-Zip: DELTONA, FL 32725

Title: S () Delete
Name: DIDIO, LOUISE
Address: 1041 ANGORA ST.
City-St-Zip: DELTONA, FL 32725

Title: TD () Delete
Name: SCHMIDT, DEBRA L
Address: 1072 ANGORA ST
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JOHNSON, BARNEY
Address: 1022 ANGORA STREET
City-St-Zip: DELTONA, FL 32725

Title: VP (X) Change () Addition
Name: BISHOP, MOE
Address: 5525 FAN PALM AVE
City-St-Zip: COCOA, FL 32927

Title: S (X) Change () Addition
Name: MANNOR, MARK
Address: 708 TEMPLE WAY
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TD (X) Change () Addition
Name: JOHNSON, ROBYN L
Address: 1022 ANGORA ST
City-St-Zip: DELTONA, FL 32725

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: BARNEY L JOHNSON

PD

09/30/2004

Electronic Signature of Signing Officer or Director

Date