

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90027 023 ****70.00

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DOCUMENT # N02000007136					
1. Entity Name PROPBUSTERS RADIO CONTROL CLUB, INC.					
Principal Place of Business 1020 BURRISRIDGE DR LAKELAND, FL 33809			Mailing Address 1020 BURRISRIDGE DR LAKELAND, FL 33809		
2. Principal Place of Business		3. Mailing Address		02142004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number NOT APPLICABLE				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SMITH, JEFFREY L 1020 BURRISRIDGE DR LAKELAND, FL 33809			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE DP NAME CALDWELL, ELWOOD STREET ADDRESS 1406 N GRACE ST CITY-ST-ZIP LAKELAND, FL 33805	<input checked="" type="checkbox"/> Delete		TITLE DP NAME Lesnett, Glen STREET ADDRESS 3114 strawberry Ln CITY-ST-ZIP Lakeland, FL 33801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DV NAME VOSIKA, RAY STREET ADDRESS 621 GLENDA ST CITY-ST-ZIP LAKELAND, FL 33809	<input checked="" type="checkbox"/> Delete		TITLE DV NAME Knight, Michel STREET ADDRESS 920 Sutton Rd. CITY-ST-ZIP Lakeland, FL 33810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DS NAME SMITH, JEFFREY STREET ADDRESS 1020 BURRISRIDGE DR CITY-ST-ZIP LAKELAND, FL 33809	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DT NAME LOGUE, JIMMY STREET ADDRESS 1611 LAKEWOOD RD R CITY-ST-ZIP LAKELAND, FL 33803	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME LESNETT, GLEN STREET ADDRESS 3114 STRAWBERRY LN CITY-ST-ZIP LAKELAND, FL 33801	<input checked="" type="checkbox"/> Delete		TITLE D NAME Seabo, Jim STREET ADDRESS 106 Leitha Way CITY-ST-ZIP Lakeland, FL 33809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME KNIGHT, MICHEL STREET ADDRESS 920 SUTTON RD CITY-ST-ZIP LAKELAND, FL 33810	<input checked="" type="checkbox"/> Delete		TITLE D NAME Caldwell, Elwood STREET ADDRESS 1406 N. Grace St. CITY-ST-ZIP Lakeland, FL 33805	<input type="checkbox"/> Change <input checked="" 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: <u>Jeffrey Smith</u> <u>Jeffrey Smith</u> <u>2/23/04</u> <u>863-859-2707</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					