

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2004 8:00 am**  
**Secretary of State**

03-23-2004 90005 008 \*\*\*\*61.25

<b>DOCUMENT # N02000007620</b>					
<b>1. Entity Name</b> TRAIL OF THE LOST TRIBES, INC.					
<b>Principal Place of Business</b> 5409 - 21ST AVENUE SOUTH GULFPORT, FL 33707			<b>Mailing Address</b> 5409 - 21ST AVENUE SOUTH GULFPORT, FL 33707		
<b>2. Principal Place of Business</b> 785 CAPRI BLVD.		<b>3. Mailing Address</b> 785 CAPRI BLVD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03172004    Chg-NP    CR2E037 (10/03)	
<b>City &amp; State</b> TREASURE ISLAND, FL		<b>City &amp; State</b> TREASURE ISLAND, FL		<b>4. FEI Number</b> -33-1028189 33-1028180	
<b>Zip</b> 33706		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  RIEF, FRANK J III — 442 WEST KENNEDY BLVD. SUITE 340 TAMPA, FL 33606			<b>7. Name and Address of New Registered Agent</b>  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____  City _____ FL _____ Zip Code _____		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> NEILY, ELIZABETH 5409 - 21ST AVENUE SOUTH GULFPORT, FL 33707	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> NICHOLAS ROBBINS 3400 N. MUSCUM POINT CRYSTAL RIVER, FL 34428-7724	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> FRALEY, KAREN 1815 PALMA SOLA BLVD. BRADENTON, FL 34209	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> DORIS ANDERSON 1620 PARK ST. N. ST. PETERSBURG, FL 33710	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> TATMAN, WYNNE 4202 - 24TH AVENUE S.E. RUSKIN, FL 32570	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> THERESA SCHOBERT 289 CONNECTICUT ST. FORT MYERS BEACH, FL 33931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> BLOCK, ROGER 785 CAPRI BOULEVARD TREASURE ISLAND, FL 33706	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> BLOCK, ROGER 785 CAPRI BLVD TREASURE ISLAND, FL 33706	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> ARDREN, MARTHA 632 GOLDEN GATE POINT SARASOTA, FL 34236	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> ARDREN, MARTHA 632 GOLDEN GATE POINT SARASOTA, FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> BARAM, UZI 4211 73RD TERRAE EAST SARASOTA, FL 35243	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> SHEILA STEWART 2130 BURLINGTON AVE. N. ST. PETERSBURG, FL 33713	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b>			3/17/04    (727) 367-8381		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date    Daytime Phone #</small>		