

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009239

FILED
Apr 26, 2004
Secretary of State

Entity Name: RIZING STARZ INCORPORATED

Current Principal Place of Business:

206 SOUTHEAST WENONA AVENUE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

206 SOUTHEAST WENONA AVENUE
OCALA, FL 34471

New Mailing Address:

POST OFFICE BOX 6084
OCALA, FL 34478

FEI Number: 56-2308965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR-GIBSON, LEAH
206 SOUTHEAST WENONA AVENUE
OCALA, FL 34471

Name and Address of New Registered Agent:

LOFTON, LINDA
1806 NE 30TH STREET
OCALA, FL 34479

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: LINDA LOFTON

04/26/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TAYLOR-GIBSON, LEAH
Address: 206 SE WENONA AVE
City-St-Zip: Ocala, FL 34471

Title: D () Delete
Name: LOFTON, LINDA
Address: PO BOX 6084
City-St-Zip: Ocala, FL 34478

Title: D (X) Delete
Name: RUSS, WILLIAM
Address: 515 SW 15TH AVE
City-St-Zip: Ocala, FL 34474

Title: D (X) Delete
Name: OLLISON, NANCY
Address: 650D SE 28TH PLACE
City-St-Zip: Ocala, FL 34471

Title: D (X) Delete
Name: JACOBS-SHULER, ANNIE
Address: 1928 NE 17TH PLACE
City-St-Zip: Ocala, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LOFTON, LINDA
Address: 1806 NE 30TH STREET
City-St-Zip: Ocala, FL 34479

Title: D (X) Change () Addition
Name: TAYLOR, LEAH
Address: 206 SE WENONA AVENUE
City-St-Zip: Ocala, FL 34471

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LINDA LOFTON

PRES

04/26/2004

Electronic Signature of Signing Officer or Director

Date