

FILED
Mar 03, 2004 8:00 am
Secretary of State

DOCUMENT # N03000000173		
1. Entity Name FLORIDA FOUR WHEEL DRIVE ASSOCIATION, INC.		
Principal Place of Business 5301 SOUTH US HIGHWAY 17-92 CASSELBERRY, FL 32707	Mailing Address 5301 SOUTH US HIGHWAY 17-92 CASSELBERRY, FL 32707	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country
6. Name and Address of Current Registered Agent		
KUFTIC, MICHAEL 669 S.W. NICHOLS TER PORT ST. LUCIE, FL 34953		Name Street Address City
8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P REICHE, CARL 5301 SOUTH US HIGHWAY 17-92 CASSELBERRY, FL 32707	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HARDWAY, RICH 1941 SHEELER OAKS DR. APOPKA, FL 32703	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KUFTIC, MICHAEL 669 S.W. NICHOLS TERR PORT ST. LUCIE, FL 34953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
11.		P RAY W 1030 GAIN V TOM 440 ST.
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 CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 609.01(1)(a) of the Florida Statutes, and that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 609, Florida Statutes, changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Michael Kufic</u> Michael KUFTIC <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		