

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006451

Entity Name: GAYDAYS ROUNDUP, INC.

FILED
Sep 08, 2004
Secretary of State

Current Principal Place of Business:

4037 IBIS DRIVE
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

4037 IBIS DRIVE
ORLANDO, FL 32803

New Mailing Address:

PO BOX 540351
ORLANDO, FL 32854

FEI Number: 01-0794608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, MICHAEL
807 1/2 E. LIVINGSTON STREET
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

MORRIS, MICHAEL
611 AMELIA STREET #2
ORLANDO, FL 32803 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: MICHAEL E. MORRIS

09/08/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Change (X) Addition
Name: DAVIS, STEVE
Address: 4813 COACHMANS DRIVE #7
City-St-Zip: ORLANDO, FL 32806

Title: S () Change (X) Addition
Name: IVEY, RICHARD
Address: 4037 IBIS DRIVE
City-St-Zip: ORLANDO, FL 32803

Title: T () Change (X) Addition
Name: MORRIS, MICHAEL
Address: PO BOX 536044
City-St-Zip: ORLANDO, FL 32853

Title: P () Change (X) Addition
Name: WATSON, LYNN
Address: 1222 E. ANDERSON STREET
City-St-Zip: ORLANDO, FL 32801

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: MICHAEL MORRIS

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09/08/2004

Electronic Signature of Signing Officer or Director

Date