


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90340 017 ****61.25

DOCUMENT # N03000007863 1. Entity Name FOUR CORNERS PAGEANTS INC.	
--	---

Principal Place of Business 7817 TURKEY OAK LANE CELEBRATION, FL 34747	Mailing Address 7817 TURKEY OAK LANE CELEBRATION, FL 34747
--	--

DO NOT WRITE IN THIS SPACE

04132005 No Chg-NP CR2E037 (10/03)

4. FEI Number ~~NOT APPLICABLE~~ 542131520 ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent PATTERSON, RONALD G 7817 TURKEY OAK LANE CELEBRATION, FL 34747

**DO NOT WRITE
IN THIS SPACE**

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 *Ron Patterson* DATE April 13 2005

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASTRANA, CRAIG S 7817 TURKEY OAK LANE CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUERNSEY, JUELS M 308 MARIANA WAY KISSIMMEE, FL 34747
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	

**DO NOT WRITE
IN THIS SPACE**

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: *Craig S. Pastrana*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05 407.301.0046
Date Daytime Phone #