

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008252

Entity Name: WAKULLA TAX WATCH, INC.

FILED  
Jan 12, 2004  
Secretary of State

## Current Principal Place of Business:

P.O.BOX 129  
PANACEA, FL 32346

## New Principal Place of Business:

94 DRIFTWOOD DRIVE  
PANACEA, FL 32346

## Current Mailing Address:

P.O.BOX 129  
PANACEA, FL 32346

## New Mailing Address:

FEI Number: 65-1208316      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOWREY, RONALD A  
515 N ADAMS ST  
TALLAHASSEE, FL 32301      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FREELAND, ALAN  
Address: 5415 SOMBRA DEL LAGO DR  
City-St-Zip: TALLAHASSEE, FL 32303

Title: V ( ) Delete  
Name: REVELL, GUY  
Address: 221 REVELL RD  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S ( ) Delete  
Name: HARVEY, DAVID  
Address: 116 HARVEY YOUNG FARM RD  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T ( ) Delete  
Name: BROWN, STEVE  
Address: P.O.BOX 129  
City-St-Zip: PANACEA, FL 32346

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: W. STEVEN BROWN

T

01/12/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date