2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # N33446 1. Entity Name THE NORTH FLORIDA KOI CLUB, INC.							5	05-02-2005	-			
Principal Place of Business 2732 CONNIE CIRCLE 2732 CONNIE CIRCLE 0RANGE PARK, FL 32065 US Mailing Address 2732 CONNIE CIRCLE 0RANGE PARK, FL 32065 US										Biri deben miðil æ	KENI BIBU BUBU BU	ERITE DE LEDI
2. Principal P	lace of Business	3. Mailing Address										
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.					011920	05 (Chg-NP	CR2E0	37 (10/03)	
City & State	6	City & State			· · · ·	4. FEI No 59-2	Imber 29350	78	-,	<u> </u>	pplied For of Applicable	
Zip	Zip Country		Zip		Country		5. Certifi	cate of	Status Desired		\$8.75 Ad Fee Require	
	6. Name and Address of Curren	Registered	Agent				7. Name	and Ac	dress of New	Registered	Agent	
DDO	1441.5				Name							
	NIE CIRCLE PARK, FL 32065				Street A	ddress (P.O. Box N	ımber i	s Not Acceptab	ole)		
					City				•	FI	Zip Coo	1e
SIGNATURE.	Signature, typed or printed name of registered ager	t and title it earlie		D-sisses	4 4 4 4 4 4 4 4 4 4 4							
	\$2		ADIO. (NOTE	: нецине	u Agent agnat	ure required	when reinstatin	·g)		DATE		· · · · · · · · · · · · · · · · · · ·
	Filing Fee is \$61.25 Due by May 1, 2005		9. Election Carr Trust Fund C	npaign F	inancing	ure required	\$5.00 M Added to F	lay Be		Make ched	k payable f	
10.	,•		9. Election Carr	npaign F	inancing		\$5.00 M Added to F	lay Be		Make chec orida Depa	rtment of S	itate
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12. I hereby certify that the information supplied with this filling 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 suppliemental 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 of trustee emprowered to electe 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 aftachment with an address, with all other like empowered.

SIGNATURE:

MANATURE AND TYPED SA-PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05

904.269-2524