


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N36068 - 1. Entity Name CENTRAL FLORIDA CLASSIC T-BIRDS, INC.	
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Principal Place of Business 10507 MARSH COVE COURT ORLANDO, FL 32825 US	Mailing Address 10507 MARSH COVE COURT ORLANDO, FL 32825 US
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DO NOT WRITE IN THIS SPACE



01192004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3115310	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RIO, DONNA 10507 MARSH COVE COURT ORLANDO, FL 32825	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when terminating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000088654 03/15/04-80060-007 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DURNING, JOHN 33240 LITTLE HAMPTON COURT SORRENTO, FL 32776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRUBER, STEVE 1422 YALE STREET ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOFFMAN, JUDY 846 CABOT COURT WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIO, DONNA 10507 MARSH COVE COURT ORLANDO, FL 32825
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: Donna Rio Donna Rio 3/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #