

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005228

FILED
Apr 27, 2004
Secretary of State

Entity Name: TAMPA BAY SNOW SKIERS, INC.

Current Principal Place of Business:

7015 ARMENIA AVE N
TAMPA, FL 33604 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 25144
TAMPA, FL 336225144 US

New Mailing Address:

FEI Number: 59-1710097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAY AREA ACCOUNTING-PHILLIP REID CPA
7015 ARMENIA AVE N
TAMPA, FL 33604 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: PD () Delete
Name: SMITH, JAMES
Address: 1104 SAMY DRIVE
City-St-Zip: TAMPA, FL 33613

Title: VPD () Delete
Name: MCPHILLIPS, BILLY
Address: 316 N. INVERNESS
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: TD () Delete
Name: HARL, TERRY
Address: 4416 W IDLEWILD AVE
City-St-Zip: TAMPA, FL 33614

Title: SD () Delete
Name: MASON, BRIAN
Address: 18005 CLEARLAKE DR.
City-St-Zip: LUTZ, FL 33548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: MOUMNE, TOUFIC
Address: 9909 WOODBAY DRIVE
City-St-Zip: TAMPA, FL 33626

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: TERRY HARL

TD

04/27/2004

Electronic Signature of Signing Officer or Director

Date