2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004
Secretary of State

DOCUMENT# N94000003061

Entity Name: THE BARN DANCERS, INC.

Current Principal Place of Business:

3820 MINTON ROAD
MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

3820 MINTON ROAD
MELBOURNE, FL 32904

New Mailing Address:

FEI Number: 59-3255622 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUTZ, OTIS
3820 MINTON ROAD
MELBOURNE, FL 32904 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: LUTZ, OTIS
Address: 3820 MINTON ROAD
City-St-Zip: MELBOURNE, FL

Title: STD ( ) Delete
Name: LUTZ, LINDA
Address: 3820 MINTON ROAD
City-St-Zip: MELBOURNE, FL

Title: D ( ) Delete
Name: TAYLOR, JACK
Address: 4235 N INDIAN RIVER DR
City-St-Zip: COCOA, FL 32927

Title: D ( ) Delete
Name: TAYLOR, ZONIE
Address: 4235 N INDIAN RIVER DR
City-St-Zip: COCOA, FL 32927

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: OTIS P. LUTZ PD 03/12/2004

Electronic Signature of Signing Officer or Director — Date