2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004
Secretary of State

DOCUMENT# N95000004562

Entity Name: FEISTY ACRES INC.

Current Principal Place of Business:

4493 N.E. 147TH COURT
WILLISTON, FL 32696 US

New Principal Place of Business:

Current Mailing Address:

4493 N.E. 147TH COURT
WILLISTON, FL 32696 US

New Mailing Address:

FEI Number: 59-3355961 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NUTE, EDNA M
4493 N.E. 147TH COURT
WILLISTON, FL 32696 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:	CMD	( ) Delete
Name:	NUTE, EDNA M	
Address:	4493 N.E. 147TH COURT	
City-St-Zip:	WILLISTON, FL	
Title:	PD	( ) Delete
Name:	FLECK, KATHLEEN	
Address:	13985 NE 45TH AVE	
City-St-Zip:	ANTHONY, FL 32617	
Title:	TD	( ) Delete
Name:	KERIS, CAROLYN	
Address:	8486 SW 61 TERRACE ROAD	
City-St-Zip:	OCALA, FL 34476	
Title:	S	( ) Delete
Name:	KIMMICK, LINDA	
Address:	4495 NE 147TH COURT	
City-St-Zip:	WILLISTON, FL 32696	
Title:	VD	( ) Delete
Name:	PAIGE, DEBBIE	
Address:	2396 NE 54TH PLACE	
City-St-Zip:	OCALA, FL 34479	
Title:	V	(X) Delete
Name:	STUCKEY, JULIET	
Address:	760 NW 66TH PLACE	
City-St-Zip:	OCALA, FL 34475	

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:	
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: KATHLEEN FLECK PD 04/23/2004
Electronic Signature of Signing Officer or Director — Date