

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001425

FILED
Apr 21, 2004
Secretary of State

Entity Name: CENTRAL FLORIDA SNOW SKIERS, INC.

Current Principal Place of Business:

5840 RED BUG LAKE ROAD
SUITE 60
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

5840 RED BUG LAKE ROAD
SUITE 60
WINTER SPRINGS, FL 32708

New Mailing Address:

709 INDIAN COURT
WINTER SPRINGS, FL 32708

FEI Number: 59-3371903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACKMON, GARY
1939 SUMMER CLUB DR #305
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

BLACKMON, GARY
709 INDIAN COURT
WINTER SPRINGS, FL 32708 US

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:

04/21/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PERE, DAVID
Address: 110 N SPRING TRAIL
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DBM (X) Delete
Name: LAMMERS, EDDIE
Address: 3355 TCU BLVD
City-St-Zip: ORLANDO, FL 32817

Title: DT () Delete
Name: BLACKMON, GARY
Address: 1939 SUMMER CLUB DR #305
City-St-Zip: OVIEDO, FL 32765

Title: PD () Delete
Name: SENNET, CAL
Address: 637 OAK HOLLOW WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD (X) Delete
Name: BARNETT, CHRISTINE
Address: 2704 RUNNING SPRINGS LOOP
City-St-Zip: OVIEDO, FL 32765

Title: MD () Delete
Name: SLOAN, DONNA
Address: 151 GOLDEN DAYS DRIVE
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DT (X) Change () Addition
Name: BLACKMON, GARY
Address: 709 INDIAN COURT
City-St-Zip: WINTER SPRINGS, FL 32708

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: GARY BLACKMON

DT

04/21/2004

Electronic Signature of Signing Officer or Director

Date