

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004851

FILED
Mar 04, 2004
Secretary of State**Entity Name:** ROCK'N'WIN EQUITHERAPY, INC.**Current Principal Place of Business:**1983 HOOT OWL HILL
TALLAHASSEE, FL 32317**New Principal Place of Business:****Current Mailing Address:**962 CR 490
STEPHENVILLE, TX 76401**New Mailing Address:****FEI Number:** 59-3418849**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**REVELL, LISA
1983 HOOT OWL HILL
TALLAHASSEE, FL 32317 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:** DS () Delete
Name: REVELL, LISA
Address: 1983 HOOT OWL HILL
City-St-Zip: TALLAHASSEE, FL 32317**Title:** DM () Delete
Name: HALL, KEVIN
Address: RT 4 BOX 81
City-St-Zip: BLAKELY, GA 31723**Title:** DP () Delete
Name: HALL, KEVIN
Address: 962 CR 490
City-St-Zip: STEPHENVILLE, TX 76401**Title:** DT () Delete
Name: FOXWORTH, DOTTIE
Address: 2040 FRANK SMITH ROAD
City-St-Zip: QUINCY, FL 32352**Title:** DD () Delete
Name: WILLIAMS, SANDI
Address: 962 CR 490
City-St-Zip: STEPHENVILLE, TX 76401**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:

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: SANDI WILLIAMS

DD

03/04/2004

Electronic Signature of Signing Officer or Director_____
Date