

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000022

Entity Name: WILDERNESS COVE, INC.

FILED
Aug 26, 2004
Secretary of State

Current Principal Place of Business:

2240 LONG CREEK RD
ROBBINSVILLE, NC 28771 US

New Principal Place of Business:

Current Mailing Address:

2240 LONG CREEK RD
ROBBINSVILLE, NC 28771 US

New Mailing Address:

FEI Number: 65-0677112

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOY, WILLIAM
5264 CLAYTON COURT, SUITE 5
FT. MYERS, FL 33907 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: D () Delete
Name: LOAFMAN, ROB
Address: RR1 BOX 81
City-St-Zip: ROBBINSVILLE, NC 28771

Title: D () Delete
Name: LEDFORD, RAY
Address: 3425 RAINBOW DR
City-St-Zip: WAXHAN, NC 28173

Title: D () Delete
Name: LOY, WILLIAM
Address: 5264 CLAYTON CT. #5
City-St-Zip: FT. MYERS, FL 33907

Title: D () Delete
Name: LEDFORD, PATRICIA
Address: 3425 RAINBOW DRIVE
City-St-Zip: WAXHAW, NC 28173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: LOAFMAN, ROB
Address: 448 FOX HILL RD
City-St-Zip: ROBBINSVILLE, NC 28771

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: ROBERT LOAFMAN

MR

08/26/2004

Electronic Signature of Signing Officer or Director

Date