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2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State
05-04-2004 90195 034 ****61.25

DOCUMENT # N97000005318

1. Entity Name
BOOTSTRAP RANCH, INC.

24068296

Principal Place of Business	Mailing Address
8977 DRY CREEK RD BELGRADE, MT 59714 US	11390 TWELVE OAKS WAY, #520 NORTH PALM BEACH, FL 33408

04292004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0791564
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

POWELL, KAREN M
11390 TWELVE OAKS WAY
#520
N. PALM BEACH, FL 33408

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WOODS, RONALD J
STREET ADDRESS	11390 TWELVE OAKS WAY, #520
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	D
NAME	POWELL, KAREN
STREET ADDRESS	11390 TWELVE OAKS WAY, #520
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	D
NAME	FITZGERALD, EDWARD F
STREET ADDRESS	218 SOUTH 94TH ST.
CITY-ST-ZIP	OMAHA, NE 08114
TITLE	D
NAME	TOWLE, JOHN R
STREET ADDRESS	25 BELLE MEADE
CITY-ST-ZIP	GROSSE POINTE, MI 48236
TITLE	D
NAME	~~BURGESS, ROBERT K~~ Delete
STREET ADDRESS	~~1015 N. GLENGARRY RD.~~
CITY-ST-ZIP	~~BLOOMFIELD HILLS, MI 48301~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/29/04 521-775-5813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #