

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90012 004 ****61.25

DOCUMENT # N99000004098
1. Entity Name
FIRST FLORIDA CAVALRY, INC.



Principal Place of Business
 8130 S.E. 45TH STREET
 NEWBERRY, FL 32669

Mailing Address
 8130 S.E. 45TH STREET
 NEWBERRY, FL 32669

24075497



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 1511 BADEN POWELL RD.
 Suite, Apt. #, etc.

01062004 Chg-NP CR2E037 (10/03)

City & State
 HAWTHORNE, FL

Zip
 32640

Country
 USA

4. FEI Number
 59-3594747

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 KUNTZ, DAVID L JR
 1511 BADEN POWELL ROAD
 HAWTHORNE, FL 32640

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** **Zip Code**

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**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD NAME BISHOP, JAMES L STREET ADDRESS 8130 S.E. 45TH STREET CITY-ST-ZIP NEWBERRY, FL 32669	<input type="checkbox"/> Delete
TITLE STD NAME KUNTZ, DAVID L JR STREET ADDRESS 1511 BADEN POWELL ROAD CITY-ST-ZIP HAWTHORNE, FL 32640	<input type="checkbox"/> Delete
TITLE D NAME SCOTT, HERB STREET ADDRESS P.O. BOX 2 CITY-ST-ZIP WAVERLY, GA 31565	<input type="checkbox"/> Delete
TITLE D NAME ELLIS, BOB STREET ADDRESS RT 1 BOX 482 CITY-ST-ZIP WHITE SPRINGS, FL 32096	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 if changed, or on an attachment with an address, with all other, like empowered.

SIGNATURE: *David L. Kuntz, Jr* **DAVID L. KUNTZ, JR** **11 MAY 04** **352-473-8222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone