


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000009138</b> 1. Entity Name <b>T J AIRBOAT RIDES, INC.</b>																																																																	
Principal Place of Business <b>1550 SCOTTYS ROAD KISSIMMEE FL 34744</b>			Mailing Address <b>1550 SCOTTYS ROAD KISSIMMEE FL 34744</b>																																																														
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																														
City & State			City & State																																																														
Zip		Country		4. FEI Number <b>59-3695146</b> Applied For <input type="checkbox"/> Not Applicable																																																													
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>RICHARDSON, RUTH A 1550 SCOTTYS ROAD KISSIMMEE FL 34744</b>																																																													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>																																																																	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees.</b>			10. OFFICERS AND DIRECTORS																																																														
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U000000017475</b> <b>01/28/04-80097-006 158.75</b>			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">D RICHARDSON, RUTH A <input type="checkbox"/> Delete</td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td>1550 SCOTTYS ROAD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>KISSIMMEE FL 34744</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D RICHARDSON, JAMES D <input type="checkbox"/> Delete</td> <td></td> </tr> <tr> <td>NAME</td> <td>1550 SCOTTYS ROAD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>KISSIMMEE FL 34744</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	D RICHARDSON, RUTH A <input type="checkbox"/> Delete		NAME	1550 SCOTTYS ROAD		STREET ADDRESS	KISSIMMEE FL 34744		CITY - ST - ZIP			TITLE	D RICHARDSON, JAMES D <input type="checkbox"/> Delete		NAME	1550 SCOTTYS ROAD		STREET ADDRESS	KISSIMMEE FL 34744		CITY - ST - ZIP			TITLE	<input type="checkbox"/> Delete		NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	<input type="checkbox"/> Delete		NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	<input type="checkbox"/> Delete		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 607, 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:** Ruth Ann Richardson **RUTH ANN RICHARDSON** 1-21-04 407-846-6540