

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000022678

FILED
Apr 30, 2004
Secretary of State

Entity Name: SOPCHOPPY OUTFITTERS/BACKWOODS ADVENTURES, INC.

Current Principal Place of Business:

106 MUNICIPAL AVE
SOPCHOPPY, FL 32358 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 217
SOPCHOPPY, FL 32358 US

New Mailing Address:

FEI Number: 59-3295251 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PIERCE, DAVID E
191 PINE LANE
CRAWFORDVILLE, FL 32328 US

Name and Address of New Registered Agent:

PIERCE, DAVID E
P.O.BOX 99
SOPCHOPPY, FL 32358 US

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: DAVID E. PIERCE

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SEIDLER, ROBERT
Address: 191 PINE LN
City-St-Zip: CRAWFORDVILLE, FL 32328

Title: ST () Delete
Name: PIERCE, DAVID
Address: 191 PINE LANE
City-St-Zip: CRAWFORDVILLE, FL 32328

Title: V () Delete
Name: MARTIN, NELSON
Address: 191 PINE LANE
City-St-Zip: CRAWFORDVILLE, FL 32328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: PIERCE, DAVID
Address: P.O.BOX 99
City-St-Zip: SOPCHOPPY, FL 32358

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID E. PIERCE

ST

04/30/2004

Electronic Signature of Signing Officer or Director

Date