

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2004 8:00 am
Secretary of State

01-07-2004 90027 003 ***150.00

DOCUMENT # P01000038175 1. Entity Name MONTICELLO LINE DANCERS & MUSICIANS ASSOCIATION, INC.					
Principal Place of Business 295 W. CHEROKEE ST MONTICELLO, FL 32344			Mailing Address 6427 CROOKED CREEK RD. TALLAHASSEE, FL 32311		
2. Principal Place of Business U.S. 19 North Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Monticello FL Zip 32344			City & State Tallahassee FL Zip 32311		
4. FEI Number 59-3696930			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent COCHRAW, EARL 6427 CROOKED CREEK RD. TALLAHASSEE, FL 32311			7. Name and Address of New Registered Agent Name Cochran, Earl 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COCHRAW, EARL 6427 CROOKED CREEK RD. TALLAHASSEE, FL 32311		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Cochran, Earl 448 Jefferson Heights	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GORGA, JUDY 295 W. CHEROKEE ST MONTICELLO, FL 32344		TITLE NAME STREET ADDRESS CITY-ST-ZIP	448 Jefferson Heights	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BENNETT, CHERYL 1150 TURNEY ANDERSON RD. MONTICELLO, FL 32344		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOATWRIGHT, JERRY 287 NASH RD. LAMONT, FL 32336		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 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 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: <u>Jerry G. Boatwright</u> <u>Terry G. Boatwright</u> <u>1/5/04</u> <u>850-997-2591</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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