

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90096 042 \*\*\*150.00

<b>DOCUMENT # P01000044009</b> 1. Entity Name <b>PONY EXPRESS ADVENTURES II, INC.</b>			
Principal Place of Business <b>13660 ORANGE GROVE BLVD ROYAL PALM BEACH, FL 33411</b>		Mailing Address <b>13660 ORANGE GROVE BLVD ROYAL PALM BEACH, FL 33411</b>	
2. Principal Place of Business <b>13660 Orange Grove Blvd</b> Suite, Apt. #, etc.		3. Mailing Address <b>13660 Orange Grove Blvd</b> Suite, Apt. #, etc.	
City & State <b>West Palm Beach, FL</b> Zip Country <b>33411 USA</b>		City & State <b>West Palm Beach, FL</b> Zip Country <b>33411 USA</b>	
4. FEI Number <b>65-1097891</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ROY, DAVE K 440 COLUMBIA DRIVE #300 WEST PALM BEACH, FL 33409</b>		7. Name and Address of New Registered Agent Name <b>Dana Caplan</b> Street Address (P.O. Box Number is Not Acceptable) <b>13660 Orange Grove Blvd</b> City <b>West Palm Beach</b> <b>FL</b> Zip Code <b>33411</b>	
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 <b>7/2/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CAPLAN, DANA</b> <b>13660 ORANGE GROVE BLVD</b> <b>ROYAL PALM BEACH, FL 33411</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 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:		Date <b>7/2/04</b> Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			