

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000117037

FILED
Jan 26, 2004
Secretary of State

Entity Name: TWIN BRIDGES COUNTRY STORE, INC.

Current Principal Place of Business:

15693 NORTH SR 121
MACCLENNY, FL 32063

New Principal Place of Business:

Current Mailing Address:

15693 NORTH SR 121
MACCLENNY, FL 32063

New Mailing Address:

FEI Number: 94-3417946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIGERS, LARRY WENDELL
15693 NORTH SR 121
MACCLENNY, FL 32063

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MR. () Delete
Name: SIGERS, LARRY W OWNER
Address: 15693 N. STATE ROAD 121
City-St-Zip: MACCLENNY, FL 32063

Title: MRS. () Delete
Name: SIGERS, LISA C OWNER
Address: 15693 N. STATE ROAD 121
City-St-Zip: MACCLENNY, FL 32063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LISA C. SIGERS

MRS

01/26/2004

Electronic Signature of Signing Officer or Director

Date