

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000007888

1. Entity Name  
TEN MILE POND CORPORATION



**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business  
2806 WEST U.S. HWY. 90  
SUITE 101  
LAKE CITY, FL 32055

Mailing Address  
2806 WEST U.S. HWY. 90  
SUITE 101  
LAKE CITY, FL 32055



02182004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
04-3681337

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CRAPPS, DANIEL  
2806 W. US 90  
SUITE 101  
LAKE CITY, FL 32055

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000062606  
02/23/04-80129-007 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
CRAPPS, DANIEL  
2806 U.S. HWY. 90 WEST, SUITE 101  
LAKE CITY, FL 32055

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DST  
WIGGINS, J. ARDENE  
PO BOX 1854  
ALACHUA, FL 32615

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: DANIEL CRAPPS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #