

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90014 004 ***150.00

DOCUMENT # P02000104351 1. Entity Name ROLLING THUNDER ENTERPRISES, INC.					
Principal Place of Business 8731 LITHIA PINECREST ROAD LITHIA, FL 33547			Mailing Address 8731 LITHIA PINECREST ROAD LITHIA, FL 33547		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. P.O. Box 732		Suite, Apt. #, etc. P.O. Box 732			
City & State Lithia FL		City & State Lithia FL			
Zip 33547		Country USA		Zip 33547	
		Country USA		4. FEI Number 41-2062721	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KEITH, HARVEY A 8731 LITHIA PINECREST ROAD LITHIA, FL 33547			7. Name and Address of New Registered Agent Name Bette Harvey Street Address (P.O. Box Number is Not Acceptable) 10139 Bryant Road City Lithia FL Zip Code 33547		
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 <u><i>Bette A. Harvey, President</i></u> DATE <u>7/15/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARVEY, KEITH A 8731 LITHIA PINECREST ROAD LITHIA, FL 33547 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARVEY, BETTE A 10139 Bryant Rd. Lithia FL 33547 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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><i>Bette A. Harvey, President</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>7-15-04 (813) 661-7454</u> <small>Daytime Phone #</small>		

