

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000131205

FILED
Jul 02, 2004
Secretary of State

Entity Name: MATLACHA GHOST TOURS & SHUTTLE, INC.

Current Principal Place of Business:

4584 PINE ISLAND RD
MATLACHA, FL 33993

New Principal Place of Business:

4574 PINE ISLAND RD
MATLACHA, FL 33993

Current Mailing Address:

2637 2 ST
MATLACHA, FL 33993

New Mailing Address:

FEI Number: 02-0657238 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALENTI, CATHERINE L
2637 2 ST
MATLACHA, FL 33993 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VALENTI, CATHERINE
Address: 2637 SECOND STREET
City-St-Zip: MATLACHA, FL 33993

Title: D () Delete
Name: VALENTI, FRANK
Address: 2637 SECOND STREET
City-St-Zip: MATLACHA, FL 33993

Title: D () Delete
Name: CIANO, JULIA
Address: 2637 SECOND STREET
City-St-Zip: MATLACHA, FL 33993

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: CIANO MORRIS, JULIA
Address: 2637 SECOND STREET
City-St-Zip: MATLACHA, FL 33993

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: CATHERINE L VALENTI

PRES

07/02/2004

Electronic Signature of Signing Officer or Director

Date