

2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/3/2004-90755-035-\$158.75-\$158.75

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|---|--|---|---|--|--|
| DOCUMENT # P03000029433 1. Entity Name CRUISE TIMBER COMPANY, INC. | | | | FILED 04 JUL -8 4:19:17 CLERK OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business P O BOX 11296 TALLAHASSEE, FL 32302 | | Mailing Address P.O BOX 11296 TALLAHASSEE, FL 32302 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip | | City & State Zip | | | |
| Country | | Country | | | |
| 4. FFL Number 30-018-7179 | | Chg-P CR2E034 (10/03) | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | | 6. Name and Address of Current Registered Agent DE LA CRUZ, SONJA M 1113 PAUL RUSSELL RD TALLAHASSEE, FL 32301 | |
| 7. Name and Address of New Registered Agent | | Name | | | |
| Street Address (P.O. Box Number is Not Acceptable) | | City | | | |
| Zip Code | | FL | | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relistening)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DE LA CRUZ, SONJA M P O BOX 11296 TALLAHASSEE, FL 32302 | | 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>Sonja De La Cruz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 4/30/04 850/556-9462 <small>Date Daytime Phone #</small> | | |