2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055028

POLLARD, SAMUEL L

P.O. BOX 470

VENUS, FL 33960

Name:

Address:

City-St-Zip:

FILED Jul 06, 2004 Secretary of State

Entity Na	me: BACKV	VOODS ENTERTAINMENT COI	MPANY			
Current Principal Place of Business:				New Principal Place of Business:		
P.O. BOX 609 FELDA, FL 33930				P.O. BOX 550 FELDA, FL 33930		
Current Mailing Address:				New Mailing Address:		
P.O. BOX 609 FELDA, FL 33930				P.O. BOX 550 FELDA, FL 33930		
FEI Number	: 20-0228099	FEI Number Applied For()	FEI Num	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
POLLARD, SAMUEL L 22 POLLARD PLACE VENUS, FL 33960 US				MILLER, NEVA R P.O. BOX 714 FELDA, FL 33930 US		
	e named entit e of Florida.	y submits this statement for the p	purpose of	f changing its register	red office or registered agent, or both,	
SIGNATURE: NEVA R. MILLER					07/06/2004	
	Electr	onic Signature of Registered Ag	ent		Date	
		193(2)(b), F.S., the corporation did noing Trust Fund Contribution ().	ot receive tl	he prior notice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P ROBERTS, F P.O. BOX 60 FELDA, FL 3	9		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP/T MILLER, NEV P.O. BOX 71 FELDA, FL 3	4		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:				Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	GM	(X) Delete		Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: NEVA R. MILLER VP/T 07/06/2004