

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000073539

FILED
Apr 30, 2004
Secretary of State

Entity Name: STEINHATCHEE COTTAGES, INC.

Current Principal Place of Business:

ROUTE #15 BOX 3862
LAKE CITY, FL 32024

New Principal Place of Business:

365 SW ANGELA TERRACE
LAKE CITY, FL 32024

Current Mailing Address:

ROUTE #15 BOX 3862
LAKE CITY, FL 32024

New Mailing Address:

365 SW ANGELA TERRACE
LAKE CITY, FL 32024

FEI Number: 03-0522461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMANELLO, DUANE C
1919-8 BLANDING BLVD.
JACKSONVILLE, FL FL 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BICKERS, MIKE
Address: ROUTE #15 BOX 3862
City-St-Zip: LAKE CITY, FL 32024

Title: VD () Delete
Name: SMITH, BOBBY T
Address: ROUTE #15 BOX 3862
City-St-Zip: LAKE CITY, FL 32024

Title: D () Delete
Name: KROGER, CHESTER
Address: ROUTE #15, BOX 3862
City-St-Zip: LAKE CITY, FL 32024

Title: D () Delete
Name: SMITH, BRET A
Address: ROUTE #15, BOX 3862
City-St-Zip: LAKE CITY, FL 32024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: BOBBY T SMITH

VD

04/30/2004

Electronic Signature of Signing Officer or Director

Date