

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90045 046 \*\*\*150.00

<b>DOCUMENT # P04000001248</b>	
<b>1. Entity Name</b> K & G COWBOY ADVENTURES, INC.	

<b>Principal Place of Business</b> 18651 STATE ROAD 60 EAST LAKE WALES, FL 33898	<b>Mailing Address</b> 18651 STATE ROAD 60 EAST LAKE WALES, FL 33898
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



03022004 Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 81-0639999	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>
HIGGINBOTTOM, DAVID B 101 EAST WALL STREET FROSTPROOF, FL 33843

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	<b>P</b> <input type="checkbox"/> Delete
<b>NAME</b>	COATES, KARA T
<b>STREET ADDRESS</b>	18651 STATE ROAD 60 EAST
<b>CITY-ST-ZIP</b>	LAKE WALES, FL 33898
<b>TITLE</b>	<b>V</b> <input type="checkbox"/> Delete
<b>NAME</b>	ALBRITTON, GREG
<b>STREET ADDRESS</b>	18651 STATE ROAD 60 EAST
<b>CITY-ST-ZIP</b>	LAKE WALES, FL 33898
<b>TITLE</b>	<b>ST</b> <input type="checkbox"/> Delete
<b>NAME</b>	COATES, KARA E
<b>STREET ADDRESS</b>	18651 STATE ROAD 60 EAST
<b>CITY-ST-ZIP</b>	LAKE WALES, FL 33898
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:** Kara E Coates 3/2/04