2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# P04000012540

Entity Name: SAND MOUNTAIN CYCLE & ATV PARK, INC.

Current Principal Place of Business:

2197 E HWY 98
FORT MEADE, FL 33481

New Principal Place of Business:

2197 E HWY 98
FORT MEADE, FL 33841

Current Mailing Address:

2197 E HWY 98
FORT MEADE, FL 33481

New Mailing Address:

P O BOX 397
FORT MEADE, FL 33841

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURPHY, FREDERICK J JR
245 S CENTRAL AVE
BARTOW, FL 33830 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: PTD ( ) Delete
Name: COMBEE, ORIS DONALD III
Address: 2197 E HWY 98
City-St-Zip: FORT MEADE, FL 33481

Title: VPSD ( ) Delete
Name: COMBEE, DEBRA R
Address: 2197 E HWY 98
City-St-Zip: FORT MEADE, FL 33481

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: COMBEE, ORIS DONALD III
Address: 2197 E HWY 98
City-St-Zip: FORT MEADE, FL 33841

Title: SD (X) Change ( ) Addition
Name: COMBEE, DEBRA R
Address: 2197 E HWY 98
City-St-Zip: FORT MEADE, FL 33841

Title: VD ( ) Change (X) Addition
Name: MICHAEL, JEFFERY T
Address: 2197 E HWY 98
City-St-Zip: FORT MEADE, FL 33841

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: ORIS DONALD COMBEE III PTD 04/19/2005
Electronic Signature of Signing Officer or Director Date