


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90093 002 \*\*\*150.00

<b>DOCUMENT # P3791-1</b> 1. Entity Name <b>CHOCTAW ENTERPRISES, INC.</b>					
Principal Place of Business <b>228 SE BROOKS STREET SUITE B FT. WALTON BEACH FL 32548</b>			Mailing Address <b>228 SE BROOKS STREET SUITE B FT. WALTON BEACH FL 32548</b>		
2. Principal Place of Business <b>165-C Brooks Street SE</b>		3. Mailing Address <b>165-C Brooks Street SE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Ft. Walton Beach, FL 32548</b>		City & State <b>Ft. Walton Beach, FL</b>		4. FEI Number <b>59-3067850</b>	
Zip <b>32548</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MYERS, SUSAN S 228 SE BROOKS STREET SUITE B FT. WALTON BEACH FL 32548</b>			7. Name and Address of New Registered Agent Name <b>Myers, Susan S.</b> Street Address (P.O. Box Number is Not Acceptable) <b>165-C Brooks St. SE</b> City <b>Ft. Walton Beach</b> <b>FL</b> Zip Code <b>32548</b>		
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 <u><b>Susan S. Myers</b></u> DATE <u><b>1/22/04</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVZ MYERS, SUSAN S 228 SE BROOKS STREET STE B FT. WALTON BEACH FL 32548	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>165-C Brooks Street SE</b> <input checked="" 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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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	
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><b>Susan S. Myers, President</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><b>1/22/04</b></u> <small>Date</small>		