


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90035 020 \*\*\*150.00

DOCUMENT # P94000001042			
1. Entity Name AMERICAN BISON NATURAL MEATS, INC.			
Principal Place of Business 1601 HIGHLAND RD WINTER PARK, FL 32789 US		Mailing Address 1601 HIGHLAND RD WINTER PARK, FL 32789 US	
2. Principal Place of Business 7021 CITRUS POINT Ct. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 637 Suite, Apt. #, etc.	
City & State WINTER PARK, FL		City & State WINTER PARK, FL	
4. FEI Number 59-3216747		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01162004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent WALLACE, SCOTT 1601 HIGHLAND RD WINTER PARK, FL 32789		7. Name and Address of New Registered Agent 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: <u>Scott Wallace, Scott WALLACE</u> <u>PRESIDENT</u> <u>1-16-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME WALLACE, SCOTT STREET ADDRESS 1601 HIGHLAND RD CITY-ST-ZIP WINTER APRK, FL	<input checked="" type="checkbox"/> Delete	TITLE PRESIDENT NAME SCOTT WALLACE STREET ADDRESS 7021 CITRUS POINT Ct. CITY-ST-ZIP WINTER PARK, FL. 32792	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPS NAME WALLACE, CINDY STREET ADDRESS 1601 HIGHLAND RD CITY-ST-ZIP WINTER APRK, F	<input checked="" type="checkbox"/> Delete	TITLE VICE-PRESIDENT NAME CINDY WALLACE STREET ADDRESS 7021 CITRUS POINT Ct. CITY-ST-ZIP WINTER PARK, FL 32792	<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
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
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
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>Scott Wallace</u> <u>SCOTT WALLACE</u>		<u>1-16-04</u> <u>407.647.8220</u> <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>	