

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90043 048 ***150.00

DOCUMENT # P94000076669

1. Entity Name

FLORIDA CRACKER GUIDE SERVICE, INC.



Principal Place of Business

9720 146TH AVENUE
FELLSMERE FL 32948

Mailing Address

9720 146TH AVENUE
FELLSMERE FL 32948

2. Principal Place of Business

13755-115 STREET

Suite, Apt. #, etc.

3. Mailing Address

13755-115 STREET

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Fellsmere, FL.

City & State

Fellsmere, FL.

4. FEI Number

65-0532446

Applied For

Not Applicable

Zip

32948

Country

U.S.A.

Zip

32948

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLEY, WILLIAM T
9720 146TH AVENUE
FELLSMERE FL 32948

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KELLEY, WILLIAM T
9720 146TH AVENUE
FELLSMERE FL 32948 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Kelley, William T.
13755-115 STREET
Fellsmere, FL. 32948 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
KELLEY, PENNY L
9720 146TH AVENUE
FELLSMERE FL 32948 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Kelley, Penny L.
13755-115 STREET
Fellsmere, FL. 32948 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: William T. Kelley William T. Kelley 4-12-04 772-571-1524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #