

2004 FOR PROFIT CORPORATION ANNUAL REPORT

-FILED

Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000023878 1. Entity Name CHOCTAW TRADING COMPANY, INC.	
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Principal Place of Business 214 W. BROAD ST. GROVELAND, FL 34736	Mailing Address 214 W. BROAD ST. GROVELAND, FL 34736
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01092001 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3629188	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BIRD, WAYNE 214 W. BROAD ST. GROVELAND, FL 34736

**DO NOT WRITE
IN THIS SPACE**

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

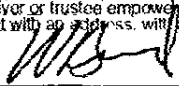
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BIRD, WAYNE 5719 N APOPKA-VINELAND RD ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BIRD, DOUGLAS H 1079 GOLF POINT LOOP APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BROCK, PAULETTE 1289 ERROL PKWY APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, LETITIA 17312 MAGNOLIA ISLAND BLVD CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BIRD, RICHARD 3408 MARTIN ST ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000008358
01/20/04-80059-025 150.00

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IN THIS SPACE**

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:  1/15/04 407-884-6611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #