2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000023878

1. Entity Name
CHOCTAW TRADING COMPANY, INC.

Principal Place of Business	Mailing Address
214 W. BROAD ST. GROVELAND, FL 34736	214 W. BROAD ST. GROVELAND, FL 34736

01032005 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

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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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

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

U00000268250
03/18/05-80036-013 150.00

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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: _____ Wayne Bird Pres 3/16/05 407-924-4023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #