


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000037454 1. Entity Name CHOCTAW WILLY'S, INC.	
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Principal Place of Business 214 W. BROAD STREET GROVELAND, FL 34736	Mailing Address 214 W. BROAD STREET GROVELAND, FL 34736
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01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3448742	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIRD, DOUGLAS
1079 GOLF POINT LOOP
APOPKA, FL 32712

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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 _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when retaking)

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIRD, DOUGLAS 1079 GOLF POINT LOOP APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BROCK, PAULETTE B 1289 ERROL PARKWAY ORLANDO, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROCK, STANLEY D 1289 ERROL PARKWAY APOPKA, FL 32712
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/16/04-80025-025 150.00

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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 Paulette B. Brock PAULETTE B. Brock 1/13/04 407-884-6611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #