


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000096032
 1. Entity Name
 PLOWBOYS, INC.



Principal Place of Business Mailing Address
 20935 U S HWY 441 P O BOX 1275
 MOUNT DORA, FL 32756 US MT. DORA, FL 32756 US

DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3480600	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
 SCOTT, MARY L
 20935 U S HWY 441
 MOUNT DORA, FL 32756

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

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

U00000090395
 03/17/04-80016-022 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCOTT, H. MARKS 20935 U S HWY 441 MOUNT DORA, FL 32756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCOTT, MARY L 20935 U S HWY 441 MOUNT DORA, FL 32756
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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)(f), 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: Mary L. Scott MARY L. SCOTT, PRESIDENT 3/14/04 (352) 383-4703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #