


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90067 029 ***150.00

DOCUMENT # P98000013443	
1. Entity Name CHEAP THRILLS, INC.	

Principal Place of Business 3333 KILMER DRIVE LAKELAND, FL 33803-4209	Mailing Address 3333 KILMER DRIVE LAKELAND, FL 33803-4209
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50014843



2. Principal Place of Business 6736 Nells Way Suite, Apt. #, etc.	3. Mailing Address 6736 Nells Way Suite, Apt. #, etc.
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02072005 Chg-P CR2E034 (10/03)

City & State Lakeland FL	City & State Lakeland FL
Zip 33813	Country USA

4. FEI Number 59-3491806	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
JONES, BETH 3333 KILMER DRIVE LAKELAND, FL 33803-4209	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 6736 Nells Way	
City Lakeland	Zip Code FL 33813

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, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS JONES, BETH 3333 KILMER DRIVE LAKELAND, FL 338034209	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Jones, Beth 6736 Nells Way, Lakeland FL 33813
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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: Beth Jones **Beth Jones** 2/7/05 863/646-8051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #