## 2004 FOR PROFIT CORPORATION

## FILED Mar 10, 2004 8:00 am Secretary of State

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ANNUAL REPURI						. Secretary or state			
DOCUMENT # P99000083393						03-10-2004	90018 029 ***150	0.00	
THE HOUSE OF MOCCASINS, INC.									
Principal Place of Business Mailing Addres					٦,				
6201 37TH AV BRADENTON, I		6201 37TH AVE W. BRADENTON, FL 34209			540167				
2. Principal Pla	on of Business	3. Mailing Address							
	IST E.	6201 37TL Ave W.				]			
Suite, Apt. #		Suite, Apt. #, etc.		01082004	Chg-P	CR2E034 (10/03)			
City & State	STON	City & State		4. FEI Numbe		j	plied For t Applicable		
Zip 3420	Zip Country		Zip Count		5. Certificate of Status Desired S8.75 Additional Fee Required		litional		
	-6Name and Address of Current		usi	) 	7. Name and	Address of New R	, 	<del>*************************************</del>	
	À -6			Name					
MACDONALD, RÍCHARD A 6201 37TH AVE W BRADENTOM, FL 34221				Street Address (P.O. Box Number is Not Acceptable)					
BRADEN10M, FL 34221									
<i></i>				City BRADENTON FC FL Zig Code					
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 AND GOTALD MALL									
5	ignature, typed or printed name of registered agent	and trie if applicable. (NOT	E: Registere	d Agent signature requ	ured when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees									
10.	OFFICERS AND	DIRECTORS	11.	**************	ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
1	F-4		TITL NAM				Change	Addition .	
1 1	1 · · · · · · · · · · · · · · · · · · ·			ET ADDRESS					
CITY-ST-ZIP	BRADENTON, FL 34209		СПҮ	-ST-ZIP		************		***************************************	
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TITLE	□ Delete 1111					☐ Change	Addition		
NAME			NAM	i				•	
STREET ADDRESS CITY-ST-ZIP			2	ET ADDRESS -ST-ZIP					
<u> </u>					0 440 07/01/	. F( / ) B:	I further certify that the i		

Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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.

<b>SIGNATURE</b>	: M

Marine AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #