

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S75111

FILED
Mar 26, 2004
Secretary of State

Entity Name: OUTDOOR GUIDES ASSOCIATION OF NORTH AMERICA, INC.

Current Principal Place of Business:

1323 LEHIGH DRIVE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12996
TALLAHASSEE, FL 323172996 US

New Mailing Address:

FEI Number: 59-3081459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADIGAN, JOHN R
1323 LEHIGH DR.
TALLAHASSEE, FL 32301

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: MADIGAN, JOHN R.,
Address: 1323 LEHIGH DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: KNOWLES, L. PAUL, JR.,
Address: 3711 SHAMROCK DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: S () Delete
Name: MADIGAN, JOHN R.,
Address: 1323 LEHIGH DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN R. MADIGAN

DPT

03/26/2004

Electronic Signature of Signing Officer or Director

Date