

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 08, 2004 08:00 AM
Secretary of State**

DOCUMENT # V18188

1. Entity Name
BLUE RIDGE PRODUCTIONS, INC.



Principal Place of Business

**945 N. PASADENA
SUITE 160
MESA, AZ 85201**

Mailing Address

**945 N. PASADENA
SUITE 160
MESA, AZ 85201**



03022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0299789

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**OLSEN, MARK C
MORGEN, OLSEN & OLSEN
315 NE 3RD AVENUE, SUITE 200
FORT LAUDERDALE, FL 33301**

**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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

10. **OFFICERS AND DIRECTORS**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
FELKER, EUGENE M.
945 NO. PASADENA #160
MESA, AZ 85201**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
FELKER, GEORGENA
945 NO. PASADENA #160
MESA, AZ 85201**

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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03/08/04-80149-009 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1907(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Georgene Felker **Georgene Felker**

Date

Daytime Phone #

3/2/04 480-649-1853