2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jan 28, 2004 08:00 AM **DOCUMENT # 690798 Secretary of State** 1. Entity Name AUDLEY C. HARRIS, P.A. Principal Place of Business Mailing Address 6705 SW 35TH WAY GAINESVILLE FL 32608 6705 SW 35TH WAY GAINESVILLE FL 32608 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-2126157 Not Applicable Zip Country \$8.75 Additional 5. Cerbficate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRIS, AUDLEY C Street Address (P.O. Box Number is Not Acceptable) 6705 SW 35TH WAY GAINESVILLE FL 32608 City Zip 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. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. QTG TITLE TITLE Delete Change Addition MANE HARRIS, AUDLEY C NAME U00000019014 6705 SW 35TH WAY STREET ADDRESS STREET ADDRESS 01/29/04-80011-009 150.00 GAINESVILLE FL C(TY - S7 - 7)P CITY-SI-7/P TITLE Delete BHE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete BILE Change ☐ Addition MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete THE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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.

FILED

AUDIEY CHARRIS JAN 26'04 352372 5375