2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 12, 2004 8:00 am Secretary of State DOCUMENT # N01000002558 1. Entity Name 03-12-2004 90014 043 ****61.25 KOPY KATS CLUB OF ORMOND BEACH, INC. Principal Place of Business Mailing Address 351 ANDREWS STREET ORMOND BEACH FL 32174-5209 351 ANDREWS STREET ORMOND BEACH FL 32174-5209 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Act. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-3754684 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REMSBURG, DORIS Street Address (P.O. Box Number is Not Acceptable) 351 ANDREWS STREET ORMOND BEACH FL 32174 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete TITLE Change Addition REMSBURG, DORIS NAME NAME 351 ANDREWS STREET STREET ADDRESS STREET ADDRESS ORMOND BEACH FL 32174 CITY-ST-ZIP CiTY-ST-ZiP Delete Addition TITLE TITLE CHARLES R. KILGORE Change RICHARD, MARIA NAME NAME 114 ANN RUSTIN ORIVE 2300 N. ATLANTIC AV. APT#703 STREET ADDRESS STREET ADDRESS ORMONO BEACH, FL., 32176 DAYTONA BEACH FL 32118 CITY-ST-ZIP CITY-ST-ZIP SD ☐ Addition Delete TITLE ☐ Change SOWINSKI, TED 1275 MT. VERNON DR STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32119 CITY-ST-7IP CITY-ST-ZIP MILE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CCTY-ST-7IP CITY-ST-ZIP 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 617, 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

Daytime Phone