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

Feb 19, 2004 08:00 AM DOCUMENT # N97000002554 Secretary of State 1. Entity Name THE AGNACIAN FOUNDATION, INC. Principal Place of Business Mailing Address 5120 WILLOW LEAF DRIVE SARASOTA FL 34241 5120 WILLOW LEAF DRIVE SARASOTA FL 34241 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #. etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 65-0756823 Not Applicable Zip Country 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 AGNACIAN, GEORGE N Street Address (P.O. Box Number is Not Acceptable) 5120 WILLOW LEAF DRIVE SARASOTA FL 34241 Zio Code FL 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 liftle if applicable, (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Change ☐ Addition AGNACIAN, GEORGE N NAME NAME 5120 WILLOW LEAF DR U00000058026 STREET ADDRESS STREET ADDRESS SARASOTA FL 34241 02/20/04-80014-002 61.25 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition AGNACIAN, JOAN S NAME NAME 5120 WILLOW LEAF DR STREET ADDRESS STREET ADDRESS SARASOTA FL 34241 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition AGNACIAN, GEORGE C NAME 5120 WILLOW DR. STREET ADDRESS STREET ADDRESS SARASOTA FL 34241 CITY-ST-2IP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS City-S1-78 CITY-ST-ZIP THILE ☐ Delete MILE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNATURE:

teb. 11, 2004 941 371-6236

FILED