2004 FOR PROFIT CORPORATION ANNUAL REPORT

12. I hereby certify that the information supplied with this filling indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered to the receiver of th

changed, or on an attac-

SIGNATURE:

Apr 26, 2004 8:00 am Secretary of State 04-26-2004 91025 048 ***150.00 **DOCUMENT # P01000121212** 1. Entity Name ROUCHON INC. Principal Place of Business Mailing Address BASKIN ROBBINS OF GULF BREEZE 1480 ROEBLING TRAIL 205 GULF BREENPARKWAY PENSACOLA, FL 32506 GULF BREEZE, FL 32561 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04072004 Chg-P CR2E034 (10/03) Applied For City & State 4. FEI Number City & State 94-3414851 Not Applicable ٠Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROUCHON, SARAYA Street Address (P.O. Box Number is Not Acceptable) 1480 ROEBLING TRAIL PENSACOLA, FL 32506 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME ROUCHON, SARAYA NAME STREET ADDRESS 1480 ROEBLING TRAIL STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32506 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME 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 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

IG OFFICER OR DIRECTOR

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made undertoath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Bi6ck 10 or Block 11 if

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