2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE

Aug 04, 2004 8:00 am Secretary of State DOCUMENT # P02000030809 1. Entity Name 08-04-2004 90016 032 ***150.00 VONABELL, INC. Principal Place of Business Mailing Address 1380 KILLIE COURT 1380 KILLIE COURT SUITE 308 DUNEDIN FL 34698 SUITE 308 **DUNEDIN FL 34698** 2. Principal Place of Business 1743 Prince P 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CLEARWATE CR2E034 (4/04) learwate _City & State 4. FEI Number Applied For City & State 04-3632068 FLORID LORID Not Applicable Ountry \$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 SHERMAN, VONABELL L. Street Address (P.O. Box Number is Not Acceptable) 1380-KILLIE-COURT_ SUITE #308 **DUNEDIN-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. the obligations of registered agent. FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. TITLE ☐ Delete TITLE ☐ Addition SHERMAN, VONABELL L SHERMAN, VONABELL L NAME NAME 1743 Prince Philip St 1743 Prince Philip Street STREET ADDRESS STREET ADDRESS DUNEDIN EL 34698- CLEARWATER FL 33755 CITY-ST-ZIP Clearwater FL CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF -- Addition_ - □ Delete TITLE Change -TIDE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete 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 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 according 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 of 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