2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 14, 2005 8:00 am Secretary of State **DOCUMENT # P02000121992** 1. Entity Name 04-14-2005 90082 011 ***150.00 RENEE HUMBERT, P.A. Mailing Address Principal Place of Business 4142 SW 22ND COURT 4142 SW 22ND COURT CAPE CORAL, FL 33914 CAPE CORAL, FL 33914 2. Principal Place of Business 3. Mailing Address 890 Ciarle 9878 MARL 9878 MAR LARGO Suite, Apt. #, etc Suite, Apt. #. etc. 04112005 CR2E034 (10/03) Cha-P 1. Myezs DRT M 4 FEI Number Applied For City & State City & State 48-1286764 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Kenee Humbert HUMBERT, RENEE Street Address (P.O. Box Number is Not Acceptable) 4142 SW 22ND COURT CAPE CORAL, FL 33914 9878 MAR LARGO! Ft. Myers 8. The above named entity submits this statement/or 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 signisture required when reinstating) Signature, typed of priviled name of registered agent and to 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00; After May 1, 2005 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. D ☐ Detete TILE TITLE 9878 MAZ LARGÓ CIRCLE NAME **HUMBERT, RENEE T** NAME 4142 SW 22ND COURT SHREET ADDRESS STREET ADDRESS COTY-ST-ZIP CITY-ST-ZIP CAPE CORAL, FL 33914 TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7P TITLE ☐ Delete TITLE Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12:11 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 of the 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 of the true and that my name appears in Block 10 or Block 11 if changed, or on an attactment with an address, with all other tild empowered. SIGNATURE

FILED