2005 FOR PROFIT CORPORATION

May 02, 2005 8:00 am Secretary of State **ANNUAL REPORT** 05-02-2005 90397 023 ***150.00 **DOCUMENT # P04000004100** MICHAEL T. MCCORMICK & ASSOCIATES. P.A. 14013378 Principal Place of Business Mailing Address 115 SHAMROCK BOULEVARD 115 SHAMROCK BOULEVARD VENICE, FL 34293 VENICE, FL 34293 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262005 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 3774669 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 FLISCHEL, TOWNSEND & MURTHA, P.A. Street Address (P.O. Box Number is Not Acceptable) 900 EAST PINE STREET **SUITE #126** ENGLEWOOD, FL 34223 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PRES ☐ Change ☐ Addition ☐ Delete TITLE TITLE MCCORMICK, MICHAEL T NAME STREET ADDRESS 115 SHAMROCK BOULEVARD STREET ADDRESS VENICE, FL 34293 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TM F NAME NAME STREET ADDRESS STREET ADDRESS

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 eath; that I am an officer or director of the corporation or the receiver or 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.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE: _

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITI F NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition

FILED