2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 18, 2005 8:00 am **Secretary of State** DOCUMENT # P95000018900 1. Entity Name 02-18-2005 90068 025 ***150.00 THE DISC EXCHANGE, INC. Principal Place of Business Mailing Address 6712 CENTRAL AVE 6712 CENTRAL AVE ST PETERSBURG FL 33707-1322 ST PETERSBURG FL 33707-1332 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-3324835 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KIRCHNER, ROBERT R Street Address (P.O. Box Number is Not Acceptable) 1824 OLD VILLAGE WAY OLDSMAR FL 33707 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Celete TITLE Change NAME SORACE, NICHOLAS J 7902 Sailboat Key Blvd. S. S. Pasedena, FL 33707 6100 GULFPORT BLVD STREET ADDRESS STREET ADDRESS GULFPORT FL 32707 CITY-ST-ZIP CITY-ST-7IP Change TITLE ☐ Addition TITLE Delete SORACE, CATHERINE P NAME NAME 7902 Sailboat Key Blod. S. STREET ADDRESS STREET ADDRESS 6100 GULFPORT BLVD S. Pasedena, FL 33707 GULFPORT FL 32707 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED