2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

| Feb 11, 2004 08:00 AM Secretary of State From Prince of Business Suita Activity Sea SCRNO HWY Prince OLD AT SECOLA Prince of Business Suita Activity S | ANNUAL REPORT (AR) | | | | | FILED | | | |
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| Pincpal Place of Business | | | | | | Feb 11, 2004 08:00 AM | | | |
| BSAS SCENIC HWY PENSACOLA FL 32904 2. Promoted Place of Business Suite, April 6, etc. Suite, April 7, etc. Suite, April 7, etc. Suite, April 7, etc. Suite, April 7, etc. Suite, April 8, etc. Suite, April 9, etc. | LTV PROPERTIES, INC. | | | | | | cictary o | · Sta | |
| BSAS SCENIC HWY PENSACOLA FL 32904 2. Promoted Place of Business Suite, April 6, etc. Suite, April 7, etc. Suite, April 7, etc. Suite, April 7, etc. Suite, April 7, etc. Suite, April 8, etc. Suite, April 9, etc. | Principal Plac | on of Business | Mailing Address | | | | | | |
| 2. Promobal Place of Business | · | | 6494 SCENIC HWY | | | | | | |
| Surie. Act f. etc | PENSACOLA FL 32504 | | PENSACOLA FL 32504 | | | | | | |
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| City & State Ci | Z. Flatcipal riace of business | | | | | 184 101 4 4 4 5 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 | | | |
| Sp. 3441801 Next Application Sp. 3441801 Next Application Sp. 357.5 Additional fee Propriet Sp. 57.5 Addition | Suite, Apt. #, etc | | Suite, Apt. #, etc. | | MOORE CR2E034 (11/03) | | | | |
| Signature Signat | City & State | | City & State | | 4. FEI Number 59-344 | 41801 | | <u> </u> | |
| Name and Address of Current Registered Agent | Zip | Country | Zip | Country | | 5. Certificate of Status De | | 3.75 Add | litional |
| MOWREY, TIMOTHY'S 6494 SCENIC HWY PENSACOLA FL 32504 8. The above named entiry submits this attainment 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 and registered agent and like appearance agent agent agent and like appearance agent agent agent agent and like appearance agent age | | 6. Name and Address of Curre | nt Registered Agent | | | 7. Name and Address of | | | |
| Signature Security | MO | MADEN TIMOTHY C | | Nan | ne | | | | |
| E. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE STEEL NOW!!! FEE IS \$15.0.00 | 649 | 4 SCENIC HWY | | Stre | et Address (| P.O. Box Number is Not Acc | eptable) | | |
| R. The above named entity submits this statement for the purpose of changing its registered affice or registored agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registified agent. Signature Signatur | PEN | ISACOLA FL 32504 | | | | | | | |
| the obligations of regisfigled agent. Signature S | | | | City | | | FL | Zip Code | 9 |
| SIGNATURE Suprature Lympot or printed cannot of equalized agone and time if apolicitable (NOTE Engineting Agone regulatory engagines) DATE | 8. The above | named entity submits this statement | for the purpose of changing its | registered offic | ce or register | ed agent, or both, in the Sta | e of Florida. I am fam | iliar with, | and accept |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$50,00 book and the major and | - | dama 1 | Maule | | | | 2/16 | 104 | 4 |
| After May 1, 2004 Fee will be \$55,00 May Be Make Check Payable to Florida Department of State No. | SIGNATURE | Signature, typed or printed name of registered agr | ent and trile if applicable (NOTE | Begisteren Agent : | signature required | when reinstating) | DATE | | |
| Make Check Payable to Florida Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 11 ADDITIONS N 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 11 ADDITIONS N 11. ADDITI | | and the second s | | \bigcirc | | 1 | | | |
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