2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Feb 28, 2004 08:00 AM Secretary of State DOCUMENT # P98000076612 BULLARD, HALL & ADAMS, INC. Mailing Address Principal Place of Business 1144 PELICAN BAY DR DAYTONA BEACH FL 32118 1144 PELICAN BAY DR DAYTONA BEACH FL 32118 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-3533838 Not Applicable Country Zip 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 HALL, DAVID K Street Address (P.O. Box Number is Not Acceptable) 1144 PELICAN BAY DR DAYTONA BEACH FL 32119 City Zip Code 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 Signature, typed or printed name of registered agont and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 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 ☐ Change ☐ Addition TITLE Delete HALL, DAVID K NAME NAME STREET ADDRESS P.O. BOX 383 STREET ADDRESS EDGEWATER FL 32132 CITY-ST-ZIP CITY-ST-ZIP 03/01/04-80067-021 750.00 ☐ Delete TITLE Addition TITLE NAME ADAMS, CRAIG S NAME 111 TURNBULL ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TiH F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition 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 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.

2-25-04 (386)788-3770

Daytime Phone #