ANNUAL REPORT

May 02, 2005 8:00 am **DOCUMENT # 126204** Secretary of State 1. Entity Name J.V. D'ALBORA COMPANY 05-02-2005 90437 044 ***150.00 Principal Place of Business Mailing Address 130 43RD AVE. S.W. 130 43RD AVE. S.W. VERO BEACH, FL 32968 VERO BEACH, FL 32968 2. Principal Place of Business 3. Mailing Address 230 Forrest Ave. 230 Forrest Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. 03112005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Cocoa, FL Cocoa, FL 59-0212730 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 32922 Fee Required 32922 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name D'ALBORA, J.V., JR. Street Address (P.O. Box Number is Not Acceptable) 230 FORREST AVENUE COCOA, FL 32922 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: 47 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. me D Change ☐ Delete TITLE ☐ Addition D ALBORA JR.J V NAME NAME STREET ADDRESS 130 43RD AVE SW STREET ADDRESS 230 Forrest Ave. CITY-ST-ZIP CITY-ST-ZIP Cocoa, FL 32922 Delete TITLE ☐XChange TITLE Addition D ALBORA, J.V. III NAME NAME STREET ADDRESS 130 43RD AVE SW STREET ADDRESS 230 Forrest Ave. CITY-ST-7IP VERO BCH. FL CITY-ST-ZIP Cocoa, FL 32922 ST TITLE ☐ Delete TITLE XI Change ☐ Addition HUFF, NORETTA D NAME NAME 230 Forrest Ave. STREET ADDRESS 130 43RD AVE SW STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 329682382 CITY-ST-ZIP Cocoa, FL 32922 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TIRE ☐ Delete Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CCTY-ST-7IP 12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turther 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 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 a other like-explowered.

FILED

John V. D Albora, III, President

SIGNATURE: