2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 30, 2004 8:00 am **DOCUMENT #310399 Secretary of State** 1. Entity Name GREAT AMERICAN LAND & SEA DEVELOPMENT CORP 07-30-2004 90002 045 ***550.00 Principal Place of Business Mailing Address C/O RICHARD B. DOYLE C/O RICHARD B. DOYLE 158 CAMPEN DRIVE 158 CAMDEN DRIVE BAL-HARBOUR, FL 33154 BAL HARBOUR; FL 33154. 2. Principal Place of Business 3. Mailing Address BAYHARBURDR 0695 B 9655 E.BAY HARBUR DR Suite, Apt. #, etc. Suite, Apt. #, etc. 07272004 Chg-P CR2E034 (10/03) # 6 N KEN City & State City & State 4. FE! Number Applied For BAY HARBOR, IEL HARBUR ろみひ 59-0613194 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ひら た Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOYLE, RICHARD B. 168 CAMPEN BRIVE 9655 E. BAYHARBOR DRI Street Address (P.O. Box Number is Not Acceptable) BAN HARBOUR, FL 33154 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. (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Due by September 8, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE ☐ Change Addition DOYLE, RICHARD B. THE UD OR R DEYLE 3241 N.E. 38 STREET NAME NAME STREET ADDRESS 158 CAMDEN DR STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP M11M1, FL 33194 TITLE ☐ Delete TITLE ☐ Change ☐ Addition DOYLE, JAMES E. NAME NAME STREET ADDRESS 158 CAMDEN DR STREET ADDRESS CITY-ST-789 MIAMI, FL CITY-ST-ZIP TD TITLE Delete ☐ Change [Addition WILLER, JOHN A. -NAME STREET ADDRESS 113 N.E. 105 ST STREET ADDRESS CITY-ST-7IP MIAMI, FL CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

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