2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Mar 10, 2004 08:00 AM **DOCUMENT # 391742 Secretary of State** 1. Entity Name TRAFFORD PINE ESTATE, INC. Mailing Address Principal Place of Business 3256 STURGEON BAY CT. NAPLES FL 34120 3256 STURGEON BAY CT. NAPLES FL 34120 US Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite. Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-1429941 Not Applicable Country Z≀p Country Zm \$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 DICK, ROGER A. Street Address (P.O. Box Number is Not Acceptable) 3256 STURGEON BAY CT NAPLES FL 34120 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. ROUGE A. DICK SIGNATURE \_ Signature, typed or printed name of registered agent and title if applicable signature required when reinstating) 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 CEECERS AND DIRECTORS IN 11 10. 11. PD HILE Change Addition Delete TITLE DICK, ROGER A NAME NAME STREET ADORESS 3256 STURGEON BAY ST STREET ADDRESS CITY-ST-ZIP CITY-ST-782 NAPLES FL 34120 Change ☐ Addition ☐ Detete TATLE TITLE NAME NAME U00000083827 STREET ADDRESS STREET ADDRESS 03/10/04-80055-001 158.75 CITY-ST-ZIP CITY -ST- 78 □ Change Addition Delete TITLE TITLE MAME STREET ADDRESS STREET ADDRESS CRY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Chance ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP Change Addition T3T1 F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CETY-ST-ZEP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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

**FILED**