2004 FOR PROFIT CORPORATION

Sep 02, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # 461174 1. Entity Name 09-02-2004 90133 001 ***150.00 SUPREME INVESTMENT CORPORATION 09-02-2004 90133 002 ***400.00 Principal Place of Business Mailing Address 129:AVE-R. NORTHWEFT 129-AVER: NORTHWES1 66433096 WINTERHAVEN FL 33881 2. Principal Place of Business 3. Mailing Address CR2E034 (4/04) City & State 4. FEI Number Applied For 59-1633545 Not Applicable Zip Country \$8.75 Additional 33805-2805 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MUNROE, DAVID Street Address (P.O. Box Number is Not Acceptable) 129 AVE R. NORTHWEST WINTERHAVEN FL 33881 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. 1 am familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. -OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 Oavid L. MUNYDE Change 325 Bassedewa Cir. So. Lakeland, Florida 33805-2805 Delete TITLE Addition NAME MUNROE, DAVID NAME 129 AVE R! NORTHWEST STREET ADDRESS STREET ADDRESS WINTERHAVEN FL 33881 CITY-ST-ZIP CITY-ST-ZIP Victoria Banks TITLE Delete TITLE Addition ☐ Change 129 AVE R Northwest Winter Haven, Florida 33881 NAME MUNROE, VIOLET A NAME 325 BASSEDENA CIR S STREET ADDRESS STREET ADDRESS LAKELAND FL 33805-2805 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

DAVIL MUNHOE 8/29/04 863-688-7689

GOFFICER OR DIRECTOR

Data

Dat

FILED