2004 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT (AR)** Feb 10, 2004 8:00 am Secretary of State DOCUMENT #-461319 1. Entity Name 02-10-2004 90006 018 ***150.00 VANCE, DONEY & MACGIBBON, P.A. Principal Place of Business Mailing Address 1615 FORUM PLACE 1615 FORUM PLACE STE 4C STF 4C WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 3. Mailing Address 1665 Palm Beach Lakes Blvd. Principal Place of Business 1665 Palm Beach Lakes Blvd. Suite, Apt. #, etc. CR2E034 (11/03) Suite 610 - The Forum Suite 610 - The Forum City & State Applied For City & State 4. FEI Number 59-1554374 West Palm Beach, FL West Palm Beach, FL Not Applicable Country USA Country \$8.75 Additional 33401 5. Certificate of Status Desired 33401 USA Fee Required 6.- Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent _ Name DONEY, WILLIAM P Street Address (P.O. Box Number is Not Acceptable) X161/5XFXXRMXKRKAKE (See Above) XSXIVEXXIVEXXX XWEST PART BASE MALE TO THE TENTH OF THE TEN Zip Code 8. The above named entity support this statement by 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 registere 2/3/04 William P. Doney, President SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing 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. SD ☐ Delete TITLE ☐ Change ■ Addition TITLE MACGIBBON, B D NAME NAME STREET ADDRESS 16/CECKIOROMORPIA CESSOEXIEX See Above STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP ☐ Change ☐ Addition TITLE PD ☐ Delete DONEY, WILLIAM P. NAME 1613 ROTHINKFIXEO EXTENSEX STREET ADDRESS STREET ADDRESS See Above WEST PALM BEACH FL 33401 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete 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 truster in powered 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 attaching it with an appears, with all other like empowered. changed, or on an attachment with an (561) 684-5544 2/3/04 William P. Doney

Daytime Phone #

Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: