2004 FOR PROFIT CORPORATION ——ANNUAL REPORT (AR)

SIGNATURE:

Jan 28, 2004 08:00 AM **DOCUMENT # 469002 Secretary of State** 1. Entity Name RODNEY S. KETCHAM, INC. Mailing Address Principal Place of Business 1980 NORTH ATLANTIC AVENUE 1980 NORTH ATLANTIC AVENUE SUITE 918 COCOA BEACH FL 32931 COCOA BEACH FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apr. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State 4. FEI Number City & State 59-1573729 Not Applicable \$8.75 Additional Country Zιρ Country Zsp 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KETCHAM, RODNEY S Street Address (P.O. Box Number is Not Acceptable) 1980 N. ATLANTIC AVE. #918 COCOA BCH, FL 32931 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. SIGNATURE Signature, typed or printed name of registered agent and site if applicable (NOTE Registered Agent 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 OFFICERS AND DIRECTORS IN 11 10. 11. Change Delete THE meKETCHAM, RODNEY S NAME NAME U00000018936 01/29/04-80006-017 150.00 STREET ADDRESS 3605 S. BANANA RVR. BLVD. B401 STREET ADDRESS CITY-ST-ZIP COCOA BCH FL 32931 CITY-ST-ZIP ☐ Change Addition ST Delete THILE TITLE KETCHAM, MARY ANN NAME NAME STREET ADDRESS STREET ADDRESS 3605 S. BANANA RVR. BLVD. B401 COCOA BCH FL 32931 CITY ST-70P CITY - ST-ZIP ☐ Addition TITLE Change Change Delete TITLE наме STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Defete 331 F TRILE NAME NAME STREET AODRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY -ST-ZIP Delete BITE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-73P 12. I hereby certify that the information supplied with this filling 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.

January 20, 2004

321-784-0677

FILED