2094 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2004 08:00 AM Secretary of State **DOCUMENT # 472336** 1. Entity Name ROBERT B. DEES, INC. Principal Place of Business Mailing Address PO BOX 117 116 NE PALM STREET LIVE OAK, FL 32060-4823 LIVE OAK, FL 32064 01052004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1578324 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEES, ROBERT B DO NOT WRITE 116 NE PALM STREET LIVE OAK, FL IN THIS SPACE 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 title if applicable (NO*E Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE DEES, ROBERT B. NAME 116 NE PALM STREET STREET ADDRESS U90000143571 94730704-80100-010 150.00 CITY-ST-ZIP LIVE OAK FL, TITLE DEES, JUDY S. STREET ADDRESS 116 NE PALM STREET CITY-ST-ZIP LIVE OAK FL. NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY - ST - ZIP TITLE

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 a

SIGNATURE: ATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS CITY-ST-ZIP

FILED