2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTE! NAME OF SIGNING OFFICER OR DIRECTOR

Apr 28, 2005 8:00 am Secretary of State 04-28-2005 90152 050 ***150.00 **DOCUMENT # 489618** PARK MANAGEMENT SERVICES, INC. Principal Place of Business Mailing Address 14007101 9100 FRUITVILLE ROAD 9100 FRUITVILLE ROAD SARASOTA, FL 34240 US SARASOTA, FL 34240 2. Principal Place of Business 3. Mailing Address 2381 Fruitville ROAD 2381 frui Suite, Apt. #, etc. Suite, Apt. #, etc. 01172005 CR2E034 (10/03) Cha-P 4. FEI Number Applied For YRASOTA 59-1634122 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADLER, SYDNEY O. Box Number is Not Acceptable 9100 FRUITVILLE ROAD SARASOTA, FL 34240 SARASOTA 8. The above named entity submits is 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 a 4-45-05 SIGNATURE. Signature, type nt signature required whon reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE Delete TITLE ☐ Change ■ Addition NAME ADLER, SYDNEY NAME STREET ADDRESS 9100 FRUITVILLE ROAD STREET ADORESS CITY-ST-ZIP SARASOTA, FL 34240 CITY-ST-ZIP TITL F ☐ Delete TITLE ☐ Change Addition PRESIDENT /TRUAS NAME MICHAEL R. PENDER 2381 FRUITVILLE P NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TARAGOTA TITLE ☐ Delete Addition TITLE ☐ Change JP/SEC NAME NAME 1520 POYAL PALM SQ BLUD STE 210 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change 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-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-7/P 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 supplied ental 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 of 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 attac

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