2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 20, 2004 8:00 am Secretary of State **DOCUMENT # 555055** 04-20-2004 90010 043 ***150.00 CIANFROGNA, TELFER, REDA, FAHERTY & ANDERSON, Principal Place of Business Mailing Address 54036831 815 S. WASHINGTON AVENUE 815 S. WASHINGTON AVENUE P O DRAWER 6310-G P O DRAWER 6310-G TITUSVILLE, FL 32780-4200 TITUSVILLE, FL 32780-4200 Principal Place of Business 815 5. Washington Ave. Mailing Address 6310 Suite, Apt. #, etc. Suite, Apt. #, etc. 04162004 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For 11tusville TUSVIlle. 59-1790954 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33,782-6310 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TELFER, RÖBERT J. JR. Street Address (P.O. Box Number is Not Acceptable) 815 S. WASHINGTON AVENUE TITUSVILLE, FL 32780 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. ☐ Delete TITLE Change Addition REDA, MICHAEL NAME NAME 3770 RAINEY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE, FL ☐ Delete TITLE ☐ Channe Addition-TELFER, ROBERT J., JR. NAME NAME 253 Minorca Beach Way Unit 405 New Smyrna Beach FL 32169 STREET ADDRESS 2885 PLAYER CT STREET ADDRESS CITY-ST-ZIP TITUSVILLE, FL CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE CIANFROGNA, LOUIS V. NAME NAME STREET ADDRESS 3885 HIDDEN HILLS DR. STREET ADDRESS CITY-ST-7IP TITUSVILLE, FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete 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 trustee empowered to execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter the empowered to execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the empower of the em Robert J. Telfer, Jr. 4-16-04 321-269-6833 SIGNATURE:

FILED