2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # 557641 02-14-2005 90063 034 ***150.00 CHARLES B. FLYNN & COMPANY, INC. Principal Place of Business Mailing Address 50014617 4297 DAUBERT ST P. O. BOX 140574 ORLANDO, FL. 32803 ORLANDO, FL 32814 2. Principal Place of Business 3. Mailing Address 6438 UNIVERSITY BLVD P.O. BOX 4130 Suite, Apt. #, etc. Suite, Apt. #, etc. 01062005 Chg-P CR2E034 (10/03) SUITE 15 City & State City & State 4. FEI Number Applied For 59-1790849 WINTER PARK, WINTER PARK Not Applicable Country \$8.75-Additiona Zip 32793 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FLYNN, CHARLES B. Street Address (P.O. Box Number is Not Acceptable) 393 SYLVAN DR WINTER PARK, FL 32789 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. 100 000 5551 Y-10, EV. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CPD Delete Change XX Addition TITLE TITLE FLYNN, CHARLES B NAME NAME BOBBY WELLS, JR. 393 SLYVAN DR STREET ADDRESS STREET ADDRESS 656 WYCKLIFFE PL CITY-ST-ZIP CITY - ST - ZIP WINTER PARK, FL 32708 WINTER SPRINGS, FL TITLE ☐ Detete TITL€ Change ☐ Addition FLYNN, PETER S. NAME NAME STREET ADDRESS STREET ADDRESS 1408 40TH AVE., NE CITY-ST-ZIP ST. PETERSBURG, FL CITY-ST-ZIP Delete TITLE Change ☐ Addition WASSATT, WILLIAM J NAME NAME 9517 SHORTLEAF COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP APOKA, FL CITY-ST-7/P Delete TITLE ☐ Change ☐ Addition TITLE VARNER, GARY N NAME ____ 1427 N. DELAWARE ST STREET ADDRESS STREET ADDRESS SANFORD, FL CITY-ST-ZIP CITY-ST-ZIP (41917 5142 TITLE 15. TITLE Delete Change · Addition SMITH, NATHAN S NAME NAME STREET ADDRESS 1620 CRESTVIEW DR STREET ADDRESS MOUNT DORA, FL 32757 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 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.

FILED Feb 14, 2005 8:00 am

(407) 478-0755