## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED **DOCUMENT #600794** 1. Entity Name 04 APR -8 PM 12: 21 CARLTON FIELDS, P.A. SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA PO BOX 3239 ONE HARBOUR PLACE TAMPA, FL 33601-3239 TAMPA, FL 33602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302004 Chg-P Applied For City & State City & State 4. FEI Number 59-1233896 Not Applicable Zip Zip Country 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 Name THOMAS, SNOW A Street Address (P.O. Box Number is Not Acceptable) 777 S. HARBOUR ISLAND BLVD. SUITE 500 TAMPA, FL 33602 City Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Efection Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 000032976940 PD ☐ Addition TITLE ☐ Delete TITLE SNOW, THOMAS A NAME NAME 04/18/04--01064--026 \*\*158.75 ONE HARBOUR PLACE - 777 S. HARBOUR ISLAND STREET ADDRESS STREET ADDRESS TAMPA, FL 336025799 CITY-ST-7IP CITY-ST-7IP ☐ Delete Change M Addition TITLE TITLE WALBOLT, SYLVIA H NAME NAME ONE PROGRESS PLAZA, STE 2300, 200 CENTRAL STREET ADDRESS STREET ADDRESS ST PETERSBURG, FL 337014352 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change LEONARD, HYWEL NAME NAME ONE HARBOUR PLACE-777 S HARBOUR ISLAND STREET ADDRESS STREET ADDRESS TAMPA, FL 336025799 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition CIOTTI, ROBERT L NAME NAME STREET ADDRESS 1 HARBOUR PLACE 777 S HARBOUR ISL STREET ADDRESS TAMPA, FL 336025799 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE K Change DEMON, RICHARD A NAME DENMON, RICHARD A NAME STREET ADDRESS 1 HARBOUR PLACE 777 S HARBOUR ISL STREET ADDRESS CITY-ST-ZIP TAMPA, FL 336025799 CITY-ST-7IP Change ☐ Addition TITLE SD ☐ Delete TITLE KINSOLVING, RUTH B NAME NAME 1 HARBOUR PLACE 777 S HARBOUR ISL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 336025799 CITY-ST-ZIP 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 of 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.

Thomas A. Snow 3/30/04