2004 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # 605119 1. Entity Name YOUNG VAN ASSENDERP, P.A. 04 JAN -9 PM 2:56 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 225 S. ADAMS ST. SUITE 200 225 S. ADAMS ST. SUITE 200 POST OFFICE BOX 1833 POST OFFICE BOX 1833 TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062004 Chq-P CR2E034 (10/03) City & State Applied For City & State 4. FEI Number 59-1480346 Not Applicable Ziρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YOUNG, ROY C Street Address (P.O. Box Number is Not Acceptable) 225 S. ADAMS ST. ST. 200 SUITE 200 TALLAHASSEE, FL 32301 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. 600027770886 01/29/04--01030--001 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE Change ☐ Addition VARNADOE, GEORGE L. NAME STREET ADDRESS 801 LAUREL OAK DR. #300 STREET ADDRESS NAPLES, FL 34101 CITY-ST-ZIP CITY-ST-ZIP Oelete ☐ Change ☐ Addition TITLE VAN ASSENDERP, H. KENZA STREET ADDRESS 225 S. ADAMS ST #200 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE YOUNG, ROY C STREET ADDRESS 225 S. ADAMS ST #200 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE BUFORD, TASHA O NAME NAME STREET ADDRESS 225 SO ADAMS STR STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-ZIP TITLE **2** Delete Addition ANDERSON, R BRUCE NAME 801 LAUREL OAK DR STE 300 STREET ADDRESS STREET ADDRESS NAPLES, FL 34101 CITY-ST-ZIP CITY-ST-ZIP **Delete** □ Change Addition TITLE TITLE KEESEY, C. LAURENCE NAME NAME STREET ADDRESS 801 LAUREL OAK DR., #300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34101 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 addition with all other like empowered.

G OFFICER OR DIRECTOR