2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 636815

Entity Name: RMC EWELL, INC.

Apr 23, 2004 Secretary of State

801 MCCUE ROAD P.O. BOX 3858 LAKELAND, FL 33802

New Mailing Address: Current Mailing Address:

801 MCCUE ROAD P.O. BOX 3858 LAKELAND, FL 33802

FEI Number: 59-1930203 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

LEONE, FRANCIS A JR. CT CORPORATION SYSTEM 801 MCCUE RD 1200 SOUTH PINE ISLAND ROAD LAKELAND, FL 33815 US PLANTATION, FL 33324

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.

SIGNATURE: MARY R ADAMS, ASSISTANT SECRETARY 04/23/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition LEONE, FRANCIS A JR BUCKELEW, RICHARD A Name: Name:

801 MCCUE RD 801 MCCUE RD Address: Address: City-St-Zip: LAKELAND, FL 33801 City-St-Zip: LAKELAND, FL 33802

Title: Title: () Delete (X) Change () Addition

BOTHWELL, JAMES C, Name: Name: STOUT, JERRY W 801 MCCUE RD 801 MCCUE RD Address: Address: LAKELAND, FL LAKELAND, FL 33802 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: () Delete V/TS

BRUCE, G.W. MATTEO, NICHOLAS L Name: Name: 801 MCCUE RD. 801 MCCUE RD Address: Address: City-St-Zip: LAKELAND, FL City-St-Zip: LAKELAND, FL 33802

Title: () Delete Title: (X) Change () Addition

MATTEO, NICHOLAS SCHEMM, NEIL C Name: Name: Address: 801 MCCUE RD. Address: 150 EAST PONCE DE LEON AVE., SUITE 450

City-St-Zip: LAKELAND, FL City-St-Zip: DECATUR, GA 30030

Title: Title: (X) Change () Addition () Delete

ABBATE, W.V. TANNER, DELBERT H Name: Name:

801 MCCUE ROAD Address: 150 EAST PONCE DE LEON AVE., SUITE 450 Address:

City-St-Zip: LAKELAND, FL 33801 City-St-Zip: DECATUR, GA 30030

Title: () Delete Title: () Change (X) Addition BRUCE, GRANT W Name: Name:

150 EAST PONCE DE LEON AVE., SUITE 450 Address: Address:

City-St-Zip: City-St-Zip: DECATUR, GA 30030

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEIL C. SCHEMM S 04/23/2004