2004 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) Feb 24, 2004 8:00 am **Secretary of State** DOCUMENT # 650280 🧈 📑 1. Entity Name 02-24-2004 90011 016 ***150.00 M.F. FLETCHER & ASSOCIATES, INC high phypical and marling add AS of 4104 Mailing Address 36244-CLINTON AVE DADE CITY FL 33525-8432 ST-EEO FE 33574-2336 *3*3533 Palomino Lakes Drive, Dade City, FC 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 59-1952482 Not Applicable Zip Country Zip 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 MIRK, R. PATRICK ESQ Street Address (P.O. Box Number is Not Acceptable) 106 SO. TAMPANIA ST **TAMPA FL 33609** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. as of 4/04 TITLE ☐ Delete TITLE ☐ Addition FLETCHER, MAX F NAME 36244 CLINTON AVE MYOY Palomino Lakes Dr. STREET ADDRESS STREET ADDRESS DADE CITY FL 39525-8432 33523 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition as of 4/04 FLETCHER, SANDRA NAME NAME 36244 GLINTON AVE 17404 Palomina Lakes Drive STREET ADDRESS STREET ADDRESS DADE CITY FL 33525-0492- 33525 CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME DIMARIA, LEIGH'F' NAME STREET ADDRESS 28912 BAYTREE PL STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS FL 33544 CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition 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 of 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

SIGNATURE:

FILED