2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Apr 11, 2005 8:00 am Secretary of State **DOCUMENT # 665019** 1. Entity Name 04-11-2005 90154 040 ***150.00 TEPRO OF FLORIDA, INC. Principal Place of Business Mailing Address PO BOX 1260 12499 ENTERPRISE BLVD **CLEARWATER FL 33757** LARGO FL 33773 -2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc., Suite, Apt. #, etc. CR2E034 (10/04) 4. FEI Number City & State Applied For 59-1994612-Not Applicable Zip Country Zip 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 MAYO, ROGER C. Street Address (P.O. Box Number is Not Acceptable) 1555 BRIGHTWATERS BLVD ST. PETERSBURG FL 33704 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution _____Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE Delete TITLE Change ☐ Addition MAYO, ROGER C. NAME NAME 1555 BRIGHTWATERS NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL CITY-ST-ZIP SD ☐ Delete Addition NAME MAYO, GERALDINE R. NAME 1555 BRIGHTWATERS NE STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME MAYO, DARRYL K NAME STRÉET ADDRESS 625 17TH AVE NE STREET ADDRESS CITY-ST-ZIP ST PETE FL 33704 CITY-ST-ZIP TITLE ☐ Delete ■ Addition NAME NAME STREET ADDRÉSS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

ASO President 4/7/05

Daytane Phone #

FILED