2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jun 14, 2004 8:00 am **DOCUMENT # 751700 Secretary of State** 1. Entity Name 06-14-2004 90002 009 ****61.25 SEVENTIETH SOMERSET PLACE, INC. Principal Place of Business Mailing Address P.O. BOX 41383 ST. PETERSBURG FL 33743-1383 1300-1616 70TH ST., NO. ST PETERSBURG FL 33710 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE Applied For 4. FEI Number City & State City & State 59-1822316 Not Applicable Zip 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 TO VITT MICHEL, PETER 1432-70TH ST. N Street Address (P.O. Box Number is Not Acceptable) ST PETE FL 33710 Pite 33703 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. **Change** Addition President / Director TITLE TITLE - Delete MAROUO, ROSA NAME NAME Midroel 1502 70TH STREET NORTH STREET ADDRESS STREET ADDRESS to, live ook SAINT PETERSBURG FL 33710 CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE MICHEL, PETER NAME NAME 1432 70TH ST N STREET ADDRESS STREET ADDRESS ST PETE'FL 33710 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE THOMAS, DANA NAME NAME 1566 70 STN STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33710 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE BULGER, GAIL NAME NAME 1342 70TH STREET NORTH STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33710 CITY-\$T-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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 peport 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 617, 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.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

(121) 278 - 6734