2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
04 MAY 27 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
66424650

DOCUMENT # F01000000582

1. Entity Name
YOUR FRIENDS & NEIGHBORS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1515 MAGNAVOX WAY FORT WAYNE, IN 46804	1515 MAGNAVOX WAY FORT WAYNE, IN 46804

04/30/04 903111 050 $150.00
04122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 35-2128201 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOODY, FAITH 385 CENTER POINTE CIR, STE 1319 ALTAMONTE SPRINGS, FL 32701	Name: NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable): 526 E PARK AVE. City: TALLAHASSEE FL Zip Code: 32301

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: Travis Pinkstaff Travis Pinkstaff Assistant Sec. 4/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD BEAL JR, ERNEST M 1515 MAGNAVOX WAY FORT WAYNE, IN	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD BEAL, PAMELA J 1515 MAGNAVOX WAY FORT WAYNE, IN	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LENNOX, FELICITY H 1515 MAGNAVOX WAY FORT WAYNE, IN	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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.

SIGNATURE: Pamela Beal PAMELA BEAL C.O.O. 4-22-04 260-459-1551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #