2004 FOR PROFIT CORPORATION

## FILED ANNUAL REPORT (AR) Apr 15, 2004 8:00 am Secretary of State DOCUMENT # F01000000647 1. Entity Name 04-15-2004 90041 049 \*\*\*155.00 THE BUTTONWOOD GROUP, INC. Principal Place of Business Mailing Address 1050 S. YACHTSMAN DR. 1050 S. YACHTSMAN DR. SANIBEL FL 33957 SANIBEL FL 33957 24043452 2. Principal Place of Business 3. Mailing Address 1053 SEAHAWK 1053 SEAHAWK LN. Suite, Apt. #, etc MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 91-1881525 SANIBEL BANIBEL, FL Not Applicable \$8.75 Additional 5. Certificate of Status Desirec LEE 3395 <del>-</del> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARK, RICHARD F 1050 S. YACHTSMAN DR. Street Address (P.O. Box Number is Not Acceptable) SANIBEL FL 33957 CitySANIBEL 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 RICHARD F. MARK, SECRETARY DIRECTOR 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROBINSON, NANCY K NAME NAME 4012 W. BANCROFT #8 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TOLEDO OH 43606** CITY-ST-ZIP TITLE PDT ☐ Delete TITLE Change Addition NAME ROBINSON, ELLIS M NAME 1053 SEAHAWE LN. STREET ADDRESS 1050 S. YACHTSMAN DR. STREET ADDRESS CITY-ST-7IP SANIBEL FL 33957 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BALDWIN, SUSAN ANN NAME STREET ADDRESS 217 ASH GROVE STREET ADDRESS CITY-ST-ZIP NASHVILLE TN 37211 CITY-ST-ZIP TIT: F ☐ Delete **Change** ☐ Addition MARK, RICHARD F NAME NAME 1053 SEAHAWK LN. 1050 S. YACHTSMAN DR. STREET ADDRESS STREET ADDRESS SANIBEL FL 33957 SANIBEL FL 33957 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition 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-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.

IGNING OFFICER OR DIRECTOR