2004 FOR PROFIT CORPORATION

FILED Mar 17, 2004 8:00 am **Secretary of State**

ANNUAL REPORT

DOCUMENT # F03000003539 03-17-2004 90020 024 ***150.00 1. Entity Name TREAVOR J. POUND INC. Principal Place of Business Mailing Address 201 N. KROME AVE., STE. 2-C 201 N. KROME AVE., STE. 2-C 24023814 HOMESTEAD, FL 33030 HOMESTEAD, FL 33030 2. Principal Place of Business 3. Mailing Address KRAMP AUCO 234 234 03072004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied Fo 73-1566884 Not Applic Country 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 POUND, TREAVOR Street Address (P. 201 N. KROME AVE., STE. 2-C HOMESTEAD, FL 33030 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 acc the obligations of registered agent, Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS ::: 11. TITLE ☐ Delete TITLE ☐ Change POUND, TREAVOR NAME NAME 201 N. KROME AVE., STE. 2-C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOMESTEAD, FL 33030 CITY-ST-ZEP 30<u>30</u> TITLE Delete TITLE ☐ Change ☐ Ad NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete -TITLE ☐ Ad ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Ad NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Ad NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7IP MLE ☐ Delete TITLE ☐ Change ☐ Ad NAME NAME STREET ADDRESS STREET ADDRESS

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 informati 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP