2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jun 01, 2004 8:00 am Secretary of State DOCUMENT # F51065 1. Entity Name 06-01-2004 90008 016 ***158.75 DRS. HOLLER, HINES, ASHWOOD AND RECKSON, P.A. Principal Place of Business Mailing Address 931 N SPRING GARDEN AVE 931 N SPRING GARDEN AVE DELAND FL 32720-0809 DELAND FL 32720-0809 54056235 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip 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 Name BUSH, JEFFREY J'MD Street Address (P.O. Box Number is Not Acceptable) 2421 SLEEPY OAK LANE DELAND FL 32720-8626 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) DATE FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 DUE BY September 8, 2004 Election Campaign Financing \$5.00 May Be late-fee=By checking this box; the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00, OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change **X** Addition Gertrude C. Birkhahn 1200 PEAK CIRCLE HOLLER, WILLIAM E III NAME RT 6 2121 HONTOON RD STREET ADORESS STREET ADDRESS CITY-ST-ZIP **DELAND FL** CITY-ST-ZIP Deltona , FL·32738-6819 TITLE ☐ Delete TITLE ☐ Change Addition VERMA, AJAY NAME 5 NAME 642 Broadoak Loop 218 BUNKER CT STREET ADDRESS STREET ADDRESS SANFORD, FL. 32771-7104 CITY-ST-ZIP DEBARY FL 32713 CITY-ST-ZIP TITLE Delete TITLE ☐ Change 🔀 Addition GANAPathi Kumar 5493 Whispering MEADOW SANFORD, FL. 32171-7158 NAME RECKSON#CHARLES/E- 1 -STREET ADDRESS STREET ADDRESS 1988 HAWKS NEST DRIVE CITY-ST-7IP PORT ORANGE FL 32124 CITY-ST-ZIP -TITLE: Delete Change · 🔀 Addition ALEXANDRA OSORIO HINES, KENNETH K JR NAME 5013 MAPLE GLEN PLACE 150 LAKE WINNEMISSETT DR STREET ADDRESS STREET ADDRESS SANFORD, FL . 32771-7195 DELAND FL 32724 CITY-ST-7iP CITY-ST-7/P TITLE □ Delete ☐ Change Addition BUSH, JEFFREY J Robert K. Purser 118 Littleton Circle NAME 2421 SLEEPY OAK LANE STREET ADDRESS STREET ADDRESS DELAND FL 32720-8626 CITY-ST-7IP CITY-ST-ZIP DELAND, Fl . 32724-8801 TITLE Delete TITLE ☐ Change Addition ENGELKEN, JOHN D NAME NAME 1039 TORCHWOOD DR STREET ADDRESS STREET ADDRESS DELAND FL 32724 CITY-ST-ZIP CITY-ST-ZIP

12. 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 ampowered 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:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Drc.#F51065 54056035-

DRS. HOLLER, HINES, ASHWOOD & RECKSON, P.A. / OPERATING ACCOUNT

5510

FLORIDA DEPARTMENT OF STATE PHYS EXPENSE: FEES, BUSINESS 2

2004 ANNUAL CORP FILING & REPORT

158.75

Inly notice ever received was a postcard 3-4 weeks ago saying to send in to receive annual support form. We did so and received form this week.

5/26/2004