2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 14, 2004 8:00 am Secretary of State DOCUMENT # F60611 1. Entity Name 04-14-2004 90071 021 ***150.00 GEORGE S. FENDER, CPA, P.A. Principal Place of Business Mailing Address 1836 WOODWARD ST 1836 WOODWARD ST 14002630 ORLANDO FL 32803 ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address 4776 NEW SAM & Suite, Apt. #, etc Suite, Apt. #, etc. CR2E034 (11/03) 100 4. FEI Number City & State City & State Applied For 59-2149067 012 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П GRANG Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FENDER, GEORGE S Street Address (P.O. Box Number is Not Acceptable) 1836 WOODWARD ST ORLANDO FL 32803 te 100 2M DU 32814 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE FENDER, GEORGE S NAME NAME 4276 NEW BROMS & STREET ADDRESS 1836 WOODWARD ST STREET ADDRESS ORLANDO, FL 32814 ORLANDO, FL 00000 32803 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE TITLE FENDER, GEORGE STEVEN NAME NAME STREET ADDRESS 390 N ORANGE AVE SUITE 2200 STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME ... STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 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.

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