2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 19, 2004 8:00 am **Secretary of State** DOCUMENT # G60543 03-19-2004 90055 043 ***150.00 HAUSER & RINKEL, INC. Principal Place of Business Mailing Address 34036100 C/O RALPH F. HAUSER, JR. C/O RALPH F. HAUSER, JR. 2027 MONROE STREET 2027 MONROE STREET FORT MYERS, FL 33901 FORT MYERS, FL 33901 03062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2328403 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HAUSER, RALPH F., JR. DO NOT WRITE 2027 MONROE STREET FORT MYERS, FL 33901 IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE HAUSER, RALPH F., JR. TAME STREET ADDRESS 2920 CENTRAL AVE. CITY-ST-ZIP FORT MYERS, FL TITLE HAUSER, THOMAS D. NAME STREET ADDRESS 1816 CORBET RD. N. FT. MYERS, FL CITY - ST - ZIP TITLE HAUSER, CLAYTON F. 2920 CENTRAL AVE. STREET ADDRESS DO NOT WRITE CITY - ST - ZIP FORT MYERS, FL TITLE IN THIS SPACE NAME HAUSER, VIVIAN J. STREET ADDRESS 2920 CENTRAL AVE. CITY-ST-ZIP FORT MYERS, FL TITLE NAME STREET ADDRESS 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.

SIGNATURE:

·TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

3/17/04 Date

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