2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 02, 2005 08:00 AM Secretary of State DOCUMENT # G71900 1. Entity Name SOUTH FLORIDA VERTICALS & SUPPLIERS, INC. Principal Place of Business Mailing Address 6591 43 STREET N. 6591 43 STREET N. BLDG. 13-1304 BLDG. 13-1304 PINELLAS PARK FL 33781 PINELLAS PARK FL 33781 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2615714 Not Applicab!: 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 SHINN, PATRICIA G Street Address (P.O. Box Number is Not Acceptable) 4727 PARADISE WAY SE ST. PETERSBURG FL 33705 City 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) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THILE ☐ Delete THEF Change Addition SHINN, THOMAS D NAME NAME 6854 SW 39TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM CITY FL 34990 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition U00000352574 SHINN, PATRICIA G NAMÉ NAME 05/03/05-80032-025 150.00 STREET ADDRESS 4727 PARADISE WAY S.E. STREET ADDRESS ST. PETERSBURG FL 33705 CITY-ST-ZIP CHY-ST-ZIP TITLE HUE ☐ Delete ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Addition TITLE ☐ Delete ittle ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CitY- \$1-7IP CITY-ST-ZIP ☐ Change THILE ☐ Delete THEF ☐ 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.

FILED