2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

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YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 27, 2004 8:00 am Secretary of State DOCUMENT # H31696 1. Entity Name 04-27-2004 90070 039 ***150.00 MHP 27, INC. Principal Place of Business Mailing Address 1720 NW 38TH AVENUE 1720 NW 38TH AVENUE OCALA FL 34482 US OCALA FL 34482 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 59-2471848 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 SUNTHARAM, K.S. Street Address (P.O. Box Number is Not Acceptable) 3512 SW 82ND STREET GAINESVILLE FL 32608 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 \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be 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. . . 11. TREE PD ☐ Change ☐ Addition ☐ Delete TITLE SUNTHARAM, K.S. NAME NAME STREET ADDRESS 3512 SW 82ND STREET STREET ADDRESS CITY ST-ZIP GAINESVILLE FL CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NÄME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing foes 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 typort is frue 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 try free powered of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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