2004 FOR PROFIT CORPORATION

ANNUAL REPORT **FILED** Mar 25, 2004 08:00 AM Secretary of State DOCUMENT # H39831 1. Entity Name MARK FETZER, INC. Principal Place of Business Mailing Address 1890 COBIA DRIVE 1890 COBIA DRIVE VERO BEACH, FL 32960 HS VERO BEACH, FL 32960 US 03102004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2495274 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FETZER, MARK DO NOT WRITE 1890 COBIA DR VERO BEACH, FL 32960 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. (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PDT TITLE FETZER, MARK NAME STREET ADDRESS 1890 COBIA DRIVE U00000096208 CITY-ST-ZIP VERO BEACH, FL 03/25/04-80019-024 150 0 VDS TITLE FETZER, DIANE NAME 1890 COBIA DRIVE STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby 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 chapted or on an attachment with an address, with all other time empowered. changed, or on an attachm

SIGNATURE:

NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS

772.562-059%