2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 04, 2005 08:00 AM DOCUMENT # H48636 Secretary of State 1. Entity Name 17 FLEMING ISLAND CORPORATION Principal Place of Business Mailing Address 2575 CR 220 SUITE 107 DOCTORS INLET FL 32068 US 2575 CR 220 SUITE 107 DOCTORS INLET FL 32068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-2509214 Not Applicable Zip Country Ζip 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 ANSBACHER, LEWIS Street Address (P.O. Box Number is Not Acceptable) 5150 BELFORT RD., BLDG 100 JACKSONVILLE FL 32256 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) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be 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 DILE PVPT 🗆 Delete THE ☐ Change ☐ Addition NAME MENARD, JAMES R. STREET ADDRESS 2575 CR #220 SUITE 107 STREET ADDRESS DOCTORS INLET FL CITY ST-ZIP CITY-ST-ZIP TOTALE ☐ Delete Change Addition U000000250875 NAME NAME 03/04/05-80028-023 150.00 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP THILE Defete 7(7) F Addition NAME NAME STREET ADDRESS SURFET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE ☐ Delete nneChange ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7P 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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