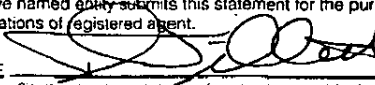
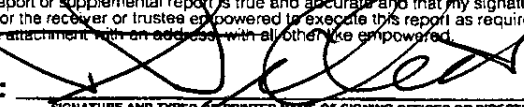


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-07-2004 90043 020 ***150.00

DOCUMENT # H50494 1. Entity Name WILLETT, INC.																													
Principal Place of Business 2907 BAY TO BAY BLVD 101 TAMPA FL 33629 US			Mailing Address 2907 BAY TO BAY BLVD 101 TAMPA FL 33629 US																										
2. Principal Place of Business 100 W. Kennedy Blvd.		3. Mailing Address 100 W. Kennedy Blvd.																											
Suite, Apt. #, etc. Suite 650		Suite, Apt. #, etc. Suite 650																											
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 59-2513602																									
Zip 33602		Country Hillsborough		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																									
Zip 33602		Country Hillsborough		Applied For Not Applicable																									
6. Name and Address of Current Registered Agent WILLETT, THOMAS 2907 BAY TO BAY BLVD STE 101 TAMPA FL 33629				7. Name and Address of New Registered Agent Name Thomas Willett Street Address (P.O. Box Number is Not Acceptable) 100 W. Kennedy Blvd., Suite 650 City Tampa, FL Zip Code 33602																									
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  DATE 4/01/04 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 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">P</td> <td style="width:30%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>WILLETT, THOMAS K.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2907 BAY TO BAY BLVD # 101</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA FL 33629</td> <td></td> </tr> </table>			TITLE	P	☐ Delete	NAME	WILLETT, THOMAS K.		STREET ADDRESS	2907 BAY TO BAY BLVD # 101		CITY-ST-ZIP	TAMPA FL 33629		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: 				Date 4/20/2004 Daytime Phone # 813-229-0600																									