2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 14, 2005 08:00 AM Secretary of State DOCUMENT # H65438 1. Entity Name STILWELL ENTERPRISES, INC. Mailing Address Principal Place of Business 2303 E. SILVER SPRINGS BLVD. 107 NE 1ST AVE OCALA, FL 34470 OCALA, FL 34470 CR2E034 (10/03) 01102005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2548113 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Ø Fee Required 6. Name and Address of Current Registered Agent STILWELL, JOHN S. DO NOT WRITE 1260 N.E. 10TH STREET IN THIS SPACE OCALA, FL 34470 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 site if applicable. INOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE STILWELL, JOHN S. NAME 1260 NE 10TH ST. STREET ADDRESS OCALA, FL 34470 CITY-ST-ZIP U00000386079 TITLE 04/14/05-80111-017 158.75 STILWELL, SUSAN D. NAME 1260 NE 10TH ST. STREET ADDRESS CITY-ST-ZIP OCALA, FL 34470 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-2IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 partific ke empowered.

SIGNATURE: \(\)

STREET ADDRESS CITY - ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP

JOHN S STILWELL 1/17/05

FILED