2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # J07641** 1. Entity Name 04-26-2004 90986 002 ***150.00 VILENDA INCORPORATED Principal Place of Business Mailing Address %/BILL J. PRESTON 4000 S.W. 35TH TERR. GAINESVILLE FL 32608 % BILL J. PRESTON 4000 S.W. 35TH TERR. GAINESVILLE FL 32608 94067049 2. Principal Place of Business 3. Mailing Address 1831 NW 13th St. P. O. Box 358780 Suite, Apt. #, etc. Suite, Apt, #, etc. MOORE CR2E034 (11/03) Suite 5 City & State Applied For City & State 4. FEI Number 59-2659484 Gainesville, FL Gainesville, FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32609 US 32635 US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Bill J. Preston PRESTON, BILL J. 4000 S.W. 35TH TERR. Street Address (P.O. Box Number is Not Acceptable) 1831 NW 13th St., Süite **GAINESVILLE FL 32608** Gainesville Zip Code 32609 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: $r_{\rm q} \sim {\rm Signature}$, typed or printed name of registered agent and title if applicable. DATE (NOTE, Registered Agent signature required when reinstating) 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. $\overline{\mathtt{DP}}$ DP TITLE ☐ Delete TITLE Change ■ Addition PRESTON, BILL J. 🔭 Preston, Bill J. NAME NAME 4000 S.W. 35TH TERR. STREET ADDRESS STREET ADDRESS 1831 NW 13th St., Suite 5 CITY-ST-ZIP GAINESVILLE FL CITY - ST - ZIP Gainesville, FL 32609 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE >←-> - ED Delete --> ---TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Delete TITI F ☐ 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 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an affairment with an address, with all other time of sources.

FILED

4/22/04

352/318-4071